MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17215 CERTIFICATE OF DEATH certificate be executed within 24 hours after death. death by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY e. STATE b. COUNTY MARYLAND lease remaye carban papers. Pages 1 and in any event, within 72 haurs after aRFO RD outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give negrest town) de Grace Havre IS RESIDENC campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? NOT 3. NAME OF Middle Lost DATE Year Doy DECEASED OF DEATH 12 29 aronson 19 (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 8 ast birthdoy) Months Dovs Hours 26 May 1878 DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 100, USUAL OCCUPATION (Give kind of work done 11. 8IRTHPLACE (County & State, or foreign country) during most of working life ever if retired) They physician (INDUSTRY Harford Co., Md. Home 14. MOTHER'S MAIDEN NAME Eliza Jane Greenland 13. FATHER'S NAME burial, cremation, ar remayal. Henry IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The law requires that the death signed by the attendibution (Yes, no, or unknown) (If yes give wor or dotes of service) 3191-A Olive M. Hanley, Lutherville, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), **DUE TO** stoting the underlying couse FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m. Not While OR ATTENDING of work of work 21. I certify that (I) (this haspital) attended the deceased from Feb. , 1966, to Dec 27 , 1956, that (1) (we) last 1966, and that death accurred at 31/54M, fram couses and on the date stated above 22b. DATE SIGNED 22o. SIGNATURE Dec. 1966 M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Havre de Grace. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. 8URIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) BEMOYAL Specify) Aberdeen. Dec. Grove Cemetery Maryland 9 2Sb. REGISTRAR'S SIGNATURE 250. REC'D 8Y REGISTRAR FUNERAL DIRECTOR Terring Fulleral Home Aberdeen. Md. DATE UNIT

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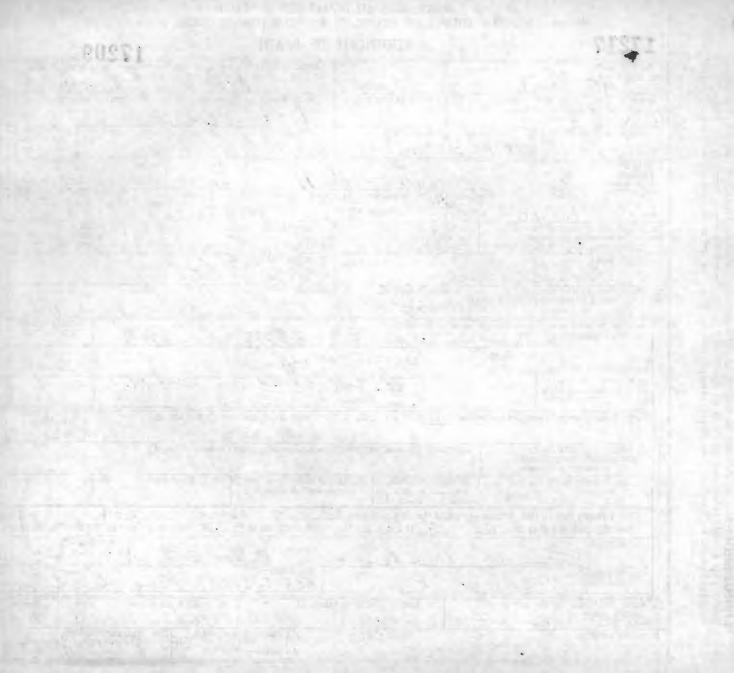
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FOR STATE		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212 17216 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1721	08
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L EXA eccute Poge for you R: Page		21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry	and in my apinian
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De directo		SIGNATURE Levaly & Calmer M.D. ASSISTANT MEDICAL EXAMINER [1 22. DATE SIGNED
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O DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 45 may be retained for your O FUNERAL DIRECTOR: Page Health or its designated age	_	NAME (Type) GETALL E JAME) - WI) Address (Street, city, town, or county)	V V
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17217CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death funeral 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 15 carparate limits, write RURAL and give nearest town) write RURAL and give-nearest town) ure de GRACE papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. SPREET ADDRESS IS RESIDENCE ON A FARM? and in any event, within 72 e MORIA NO F YES NAME OF Middle DATE Month Day Year remove carban First DECEASED (Type or print) DEATH AGE (In years last birthday) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR FUNDER 24 HR Months Days Haurs DIVORCED WIDOWED 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT IDa. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) attending physicans a during mast of working life, even if retired) INDUSTRY minister 13. FATHER'S NAME remayal, WAS DECEASED EVER IN U.SARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) ь 216-05-3965 burial, crematian, NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gave rise to immediate couse (a). DHF TO stoting the underlying cause has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 WAS AUTOPSY PERFORMED? 950 Health 1 YES E NO this certificate PHYSICIAN: 205. DESCRIBE HOW INJURY OCCURRED, (Enter notuse of injury in Part 1 or Part II of item 18.) 2Do. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, affice bida., etc.) Not While at work 21. I certify that (1) (this haspital) attended the deceased from NOV. 25 1966 that (I) (we) last 1966, and that death accurred at 330 M, fram causes and an the date stated abave saw the deceased alive an__ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING director, page 3 shauld be filed v DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) 608 S. 23c. NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (City or Town) (County) 23g. BURIAL CREMATION. 23b. DATE THEREOF REMOVAL (Specify) 0 rurial 24. FUNERAL DIRECTOR md. 21078



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution) o. COUNTY o. STATE b. COUNTY 3 to Poge Harford Harford Jo. Maryland MARYLAND delay Deportment CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) puo Havre de Grace. (Rural) Havre de Grace DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM2 Item 18. Give Poges 1, Office along with form hours Route #1. Box 139 Harford Memorial Hospital ote YES NO.A hours ofter deoth. NAME OF Middle 4. DATE First Month Last Doy Year within 72 DECEASED WAINWRIGHT BORTZ the JONATHAN Death December (Type or print) 19 IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR 5. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Davs Hours White Male April WIDOWED DIVORCED event 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT OUNTRY? A during most of working life, even if retired) Havre de Grace. Md. Aug Medical Technican 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME C Katherine Garber Francis J. Bortz pub 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address This certificate should be executed permit. (Yes, na, ar unknown) [[] yes give war ar dates of service] or removol. Father. same as 2 C & D. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Fractured Skull IMMEDIATE CAUSE (a) writing the ward cremotian, DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying cause 0 050 buriol, a lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO V YES [please execute the certificate. 20g. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) ogent, prior EXAMINER: 20e, PLACE OF ANJURY (Home, form. 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory street office bldg. etc.)

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Burial 16 Dec. 66 Aberdeen, Maryland Harford Memorial Gardens, 2Sq. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Tarring Pufferal Home Miarley VR A15ME (5) Aberdeen. Md. DATE DEC

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17220 CERTIFICATE OF DEATH and 2 death. The law requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o COUNTY o. STATE b. COUNTY lease remave carban papers. Pages 1 and in any event, within 72 hours after MARYLAND Pages c. LENGTH DF STAY IN LE OR TOWN (If outside apparate lightits, (If outside carparate limits, write RURAL and give negrest tawn) te RURAL and give nealest town. IS RESIDENCE ON A FARM? d. NAME OF HOSP TAY OR INSTITUTION (If not in pespital, give street address) > d. STREET ADDRESS NO X Middle 3. NAME OF Last 4. DATE Month Doy OF DEATH DECEASED (Type or print) 9. AGE (in years IF UNDER 1 YEAR IF UNDER S SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdov) Days Jan. 1889 WIDOWED DIVORCED 106 KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) NDUSTRYS **Masses** Carpente Harford Co., Md 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal Annie Delevett Elmer E. Carr 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16 SDCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war or dates of service) 2 C % D. Above Anna Carr. Same as cremation, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burial-transit p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO 30 Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the priar to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use should be filed with the State Dept. of Health NO YES [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour o.m. Not While at wark 2], I certify thor (I) (this hospital) ottended the deceased from 19 V , that (I) (we) las 19 ab, and that death accurred at 12 M, fram causes and an the date stated above solv the deceased olive an 22b DATE SIGNED 220 SIGNATURE 2-10-6 PHYS. DIRECTOR 22c. PHYSICIAN'S NAME (Type NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23b. DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify) Proadcreek Meetin 12-11-66 Dublin. Maryland 25b. REGISTRARS SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1966 DATE DEC 6 Aberdeen, Maryland 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death, funeral and 2 death. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Harford Maryland Harford MARYLANO b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Page within 72 hours a Havre de (Frace day Aberdeen. Ξ filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Harford Memorial Hospital Paradise Road 303 NO X executed within completely pou 3. NAME OF First Middie Last DATE Month Oay Year DECEASED DF DEATH RUBY CARTY (Type or print) BELLE 19 66 December 6. COLOR OR RACE | 7 MARRIED X NEVER MARRIED OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS remove last birthday) Months Days Hours ! P White Female 1891 WIDOWED [DIVORCED March attending physician ermit. Then please re on, or removal, and in a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 르 12. CITIZEN OF WHAT 11, BIRTHPLACE (County & State, or foreign country) The law requires that the death certificate be-COUNTRY? Housewife Home U.S.A Harford County. Md. 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME William James Singleton Mary Sampson an signed by the attendition in the service of the 15. WAS DECEASED EVER IN U.S. ARMEO FORCES?
(Yes, no, or unknown) ((If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Aberdeen. Maryland Carty. George 18. CAUSE OF DEATH [Enter only one cause per line for (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: CC O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) реел gave rise to immediate as the prior to **OUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY After this certificate I d be detached for use e State Dept. of Health PERFORMED? YES'Y X NO 208. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work DIRECTOR: A age 3 should lied with the 3 (I)/(this hospital) attended the deceased from that (I) (we) last and that death occurred a B . 1 5M, From the causes and on the date stated above. saw the delegase it alive 22a. SIGNATUR OATE SIGNED ATTENDING DIRECTOR O FUNERAL | director, pa should be fill PHYSICIAN'S 22d. AOORESS NAME (Type) Rodman. Law Street. M.D. Aberdeen. Md. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. OATE THEREOF (State) REMOVAL (Specify) Dec. 66 Harford Memorial Burial Gardens. Aberdeen. Marvland Tarring Funeral Home REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. 25b. Milan Aberdeen. Md. AI5 20M 1/65



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH affe PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) sho e. COUNTY b. COUNTY 24 hours Harford by the and 2 death. Harford MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Upper Cross Roads 35 hours after Upper Cross Roads yrs. Pages wilhin d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Green Road Green Road YES X NO completely papers. 3. NAME OF 4. DATE Year Middle Month Day 72 DECEASED (Type or print) DEATH within Walter Che 66 December 19 carbon 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED the attending physician and lest birthday) Months WIDOWED [Ma.l e DIVORCED (anch гешоле 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Gen. farming Upper Cross Roads, Id. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please 200 Elizabeth Walker Moses P. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT JAddies BOX No Lrs. Bertha I. Baldwin. Coe permit. 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN signed by ONSET AND DEATH ō PART I. DEATH WAS CAUSED BY. vos wer accident IMMEDIATE CAUSE (a) burial-transit **DUE TO** gave rise to immediate cause DUE TO (a), stating the underlying cause lest. the the hospital or After this certificate PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Hall 19. WAS AUTOPSY CERTIFICATION detached for use as PERFORMED? NO 20s. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of (nurry in Part I) of Part II of Item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by MEDICAL 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I (County) (State) factory, street, office b dg., etc.) While Not While at work at work p.m. DIRECTOR 1965 that (1) (and last State saw the deceased alive 22b. DATE 22a. SIGNATURE ATTENDING MED SIGNEO STAFF rector, page 3 in filed with the O HOSPITAL death. Page 4 PHYS. DIRECTOR PHYS. M.D 22c. PHYSICIAN'S 22d. AOORESS NAME VIYPE 23a. BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) å di REMOVAL (Specify) Providence Unper Cross Roads 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE VR A1S (4) Jarrettsville, Md. Charles Aurtz DATE OF C 20M S-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17223 within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution o. COUNTY p. STATE MARYLAND di Q (LENGTH OF STAY IN 16 (If outside corporate amits, write RURAL and give nearest town) filled in NAME OF HOSPITAL OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? (If not in hospital, give street address) event, within 72 NO D pau 3. NAME OF DATE Month Doy Year campletely DECEASED OF DEATH CHRISTINE (Type or print) 0 P requires that the death certificate be executed AGE (In years last birthdoy) S SEX IF JINDER YFAR & COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH dve Months Doys Hours Aug. 20.1884 WIDOWED X DIVORCED physician and 10b, KiND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10o. USUA, OCC. PATION (Give kind of work done during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? Harford Co., Md. none 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, ar removal, Mary C. Marll Henry C. Willick WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Joppa, Md. (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Christine E. Kral. 1204 Mountain Rd 217-52-7269 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (t) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove nse to immediate couse (a), DUE TO stoting the underlying couse **DIRECTOR:** After this certificate has been age 3 shauld be detached far use as the filed with the State Dept. of Health priar to PART II. OTHER SIGNIFICANT CONDERONS CONTRIBUTING TO DEATH OUT NOT REPATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) PERFORMED? CERTIFICATION YES ! NO PHYSICIAN: 205, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While TO HOSPITAL OR ATTENDING of work 21. I certify that (1) (this hospital) attended the deceased fram 100 2) __ 1966 that (1) (we) last 19_66 ta FC.06 1966, and that death accurred at 315 m, fram causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 220 SIGNATURE **ATTENDING** STAFF PHYS. aarles M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL director, po should be f NAME (Type) Charles J. Foley, Jr., M.D. 23d. LOCATION (City or Town)
Bradshaw 230 BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF Balto. (Stote) Md REMOVAL (Specify) St. Stephens Cometern 0 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Howard K. McComas & Son, Abingdon, Md. 21009 DATE DEC



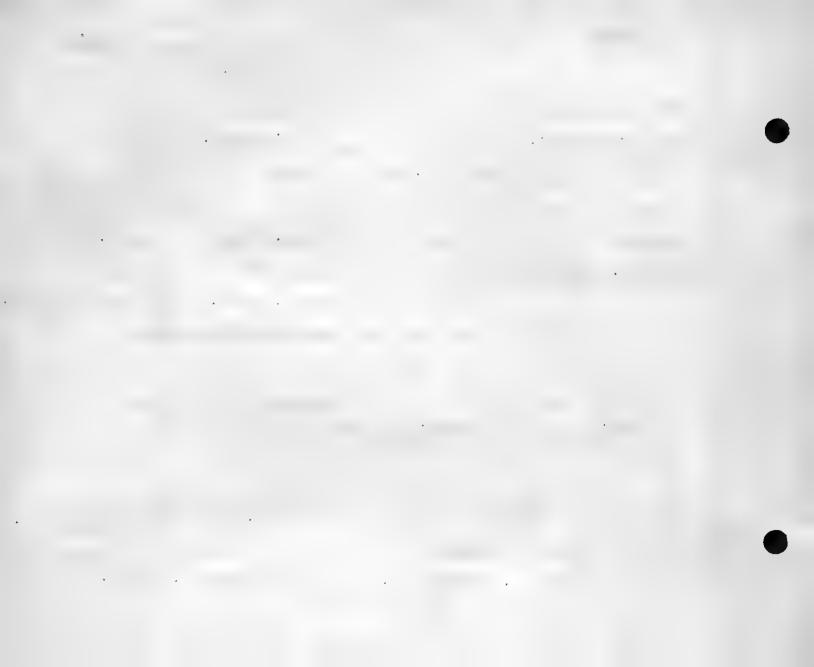
W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY # MAKFORI MARVLAND c. LENGTH OF STAY IN 16 ING DE d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital give street edd ass). e. IS RESIDENCE ON A FARM? YES NO X Middle DATE (Type or print) COOK SEY KAR NOW XIEVER MARRIED lest birthdey) Months Deys WIDOWED DIVORCED T 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) PEST CONTROL OPERATOR HOME EXTERMINATOR LUNSTON - SALEM AC USB 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME John William Cooksev Dorothy Fiemster 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unkown) | (Ifyesgive were rdetes of service) No 18. CAUSE OF DEATH [Enter only one cause per line for (e, (b) end (c)] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: DECAPITATION IMMEDIATE CAUSE (e) AUTO ACCIDENT Conditions, if eny, which? gove rise to immediate cause DUE TO (a), stelling the underlying cause lest. PART II OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY PERFORMED? NO X YES 20b DESCRIBE HOW INLIRY OCCURED, (Enter nature of in any in Pert I or Part I, of item 18.) 20a, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING RAN INTO TRUCK CAUSE OF DEATH. STOPPED OVER fectory, street, office bldg., etc.) While Not While UEC 12 1966 et work et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 💢 Inquiry X and in my opinion death resulted from Natural causes Accident X. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER sase execute should be for FUNERAL SIGNATURE EXAMINER'S NAME (Type) Address Street city town, or county 22c. NAME OF CEMETERY OR CREMATORY 22e, BURIAL, CREMATION | 22b, DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) <u>_</u>240 ± Dec. 12, 1966 Removal Frank Vogler & Son Winston-Salem Nor North Carolina 23. FUNERAL DIRECTOR VR A15ME harley 5M 1/62 Howard K. McComas & Son Abingdon, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Harford Harford Maryland by the f Pages 1 hours after MARY! AND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Rural Street filled in I Rural Streat please remove carbon papers. e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 24 #2. Box 69 Route YES X Route NO executed within and completely emove carbon a NAME OF DECEASED DATE Day 3. First Middle Last Month 4. EDWARD CULLIM Α. (Type or print) **CEATH** December 19 66 AGE (In years | IF UNOER) AR HE UNDER 24 HRS SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Jast birthday) | Months | Days Hours Male WIOOWEO DIVORCED Y Jan. 12. CITIZEN OF WHAT COUNTRY? physimian a 10a USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR law requires that the death certificate be during most of working life, even if retired) INDUSTRY Ret Farmer Farm U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME тоуа Vinton Joseph Cullum Margaret B. Thompson 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) |(If yes give war or dates of service) Edward Street. Md. No Cullum. been signed by the a the burial-transit per or to burial, cremation INTERVAL BETWEEN 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. OEATH WAS CAUSED BY: minore PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as the underlying cause last. 10 FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior (c) CERTIFICATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMEO? NO TY YES 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 1) of Item 18.) OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (State) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREO factory, street, office bldg., etc.) Hour a.m. Not While at work While at work TO HOSPITAL OR ATTENDING Page 4 may be retained by ATTENDING 19 p,m. 21. I certify that (I) (this hospital) attended the deceased from that (1) (we) last and that death occurred at 3:304, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE M.D. DIRECTOR ADDRESS PHY81CIAN'S 22d. 22c. NAME (Type) Josiah Hunt Penna Dalta. NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREO! REMOVAL (Spimify) Md Dec Methodist Cem Har Burla 66 Churchvill REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR Füneral Home Maryland Aberdeen. A15 (4) DATE 20M 1/65



1 12	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND						
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funeral and 2	1. PLACE DE DEATH			2. USUAL RESIDE	VCE (Where deceased	lived, If institution: Re	Siderice before admission)
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after y the 1 ggs 1 s after	b. CITY OR TOWN (I	outside corporate limits, give nearest town)	C. LENGTH OF STAY IN 16			limits, write RURAL	and give nearest town)
hours a d in by rs. Page	Aberdeen Pro	ving Ground	58 Days	Bel Air			121
filled filled in 72 th		AL OR INSTITUTION (If not in ho	ospital, give street address)	d. STREET ADDRES			e. IS RESIDENCE ON A FARM?
	Kirk Army Ho			118 Lexing			YES NOXX
executed within and completely remove carbon prans any event, within	3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day Year
comple we carb event,	(Type or print) 5. SEX 6.	Margaret COLOR OR RACE 7 MARRIED	Joann	CURRAN B. DATE OF BIRTH	DEATH	Dec	16 1966 LYEAR IFUNDER 24 HRS.
and corrections and corrections of any elements		71 (15)	T WELLY WANTED T		last	Months	Days Hours Min.
	Female 10a. USUAL OCCUPATION		IND DE BUSINESS OR EDUSTRY	The state of the s	County & State, or for	yrs. reign country) 12, Cl	TIZEN DF WHAT
icial be	during most of working i	ife, even if retired) If	N/A	Cisco, T	lovac		UNTRY?
certificate be ex nding physician a Then please re removal, and in a	Housewife 13. FATHER'S NAME		M/R	14. MOTHER'S MA		1 0	Out.
eath certifi attending I smit. Ther n, or remov	Harry H. Ste	wart.		Thelma I	ewitt		
endi it.	15. WAS DECEASED EVER	RINU.S. ARMED FORCES? 16.		INFORMANT		Address	
eath errm on, c	No	5	79-18-0097 Maj	rgaret E. H	loward, 81	3 Falconer	Rd, Joppa, Md.
tending physician. the death certificate be ttending physician has been signed by the attending physician as the burial-transit permit. Then please prior to burial, cremation, or removal, and it		TH [Enter only one cause per li	ine for (a), (b), and (c).1				INTERVAL BETWEEN ONSET AND DEATH
at ti lan. d by rans crer	PART I. DEATH	WAS CAUSED BY: Caro	cinoma, Breast	with exte	<u>nsive Meta</u>	astasis	5 Years
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uire g ph g ph sn s bu	Conditions, if any, gave rise to imm	nedlate /	V-V-V				
red bec the	cause (a), statin underlying cause la						
ICIAN. The law requires that the ospital or attending physician. certificate has been signed by the def for use as the burial-transit of Health prior to burial, cremaint		IFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELA	TED TO THE TERMINA	DISEASE CONDITIO	N GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
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AN. Dital Dital of Ho	E 208 ACCIDENT WAS	UNDERLYING THE 20b. I	DESCRIBE HOW INJURY OCCU		of Injury in Part I	or Part II of Item 18.	
SICI hosp chec pt. o		CAUSE OF DEATH MEDICAL EXAMINER)					
ing PHYSICIAN; The law requires that it by the hospital or attending physician. After this certificate has been signed it is detached for use as the burial-transtate Dept. of Health prior to burial, cre	20c. TIME OF INJU Hour a.m. p.m.	, .,	facto	CE OF INJURY (Home, ry, street, office bldg.	farm, 20f. (City etc.)	or town) (Cou	nty) (State)
DING P ed by t After d be d e State	p.m.	19 at work	at work				
OR ATTENDING DE TATENDING BE TEATHER BY STORY After ge 3 should be ed with the State		nat (1) (this chospitad) cattendo		9 October		Dec, 19 00	that (I) (K) last
sho cro	saw the deceas	sed alive on 16 Dec	19 <u>66</u> , and that	death occurred at	1:40am, from t	ne causes and on the	ne date stated above.
DIRE 3	228. 31011710112	and C Hood	M.C	ATTENDING X	MED.	TAFF	ecember 66
FAL OR may be the page be filed.	22c. PHYSIC MAN'S	march C & vary	Wild	22d. ADDRESS			700.000
HOSPITAL Page 4 may FUNERAL (director, pag	NAME (Type)	HAROLD C. SHEAR	FER, CPT, MC	Kirk Arm	y Hospital	L, APG, Md.	
Page 4 may be retained for EUNERAL DIRECTOR. 4 director, page 3 should be filed with the	23a. BURIAL, CREMATION REMOVAL (Specify	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY		1	ON (City, town or cou	inty) (State)
1 2 3	Burial	Dec.20,1966	Arlington Nati			ington R 25b. REGISTRAR'S	*
VR A15 (4)		cComas & Son, Al		I DE	C 19 1966		1 Cudas
15M 4-64	Howard N. M	Coonas & Son, A	THEODI'S THE C	LUUY DATE	1000		1-0-



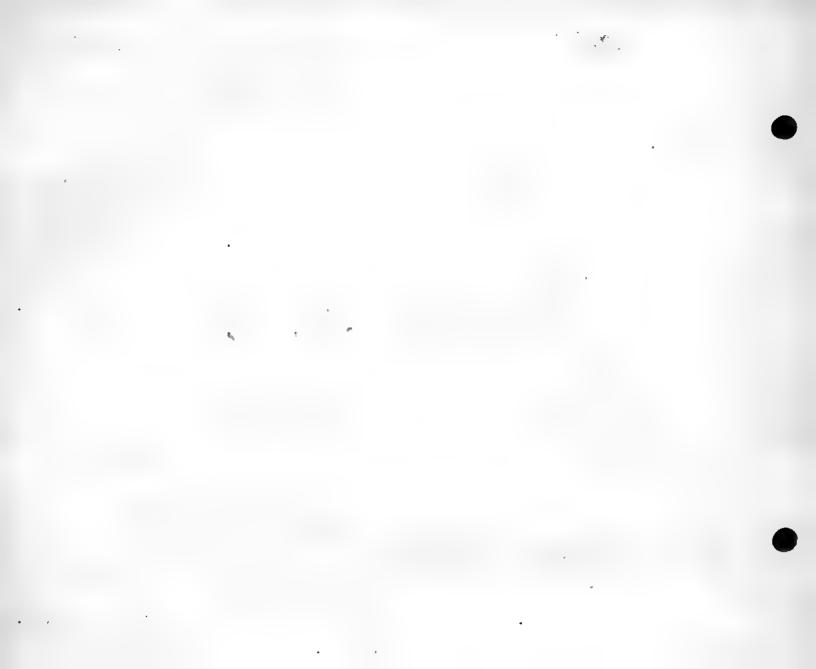
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death/ death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY n and completely filled in by the intermove carbon papers. Pages 1 in any event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give-nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 hours ae OFACE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NO. YES executed within NAME OF DECEASED 3. P'Middle DATE Last Month Day (Type or print) DEATH ecem SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? physician n. please (County & State, or foreign country) pe INDUSTRY SALES MAN RETAIL LKTON SALE 13. FATHER'S NAME mit, then, , or removal, attending premit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMAN Address TO FUNERAL DIRECTOR: After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit permit. Should be filed with the State Dept. of Health prior to burial, cremation, or in death (If yes plue war or dates of service) MID CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH be retained by the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) WAS AUTOPSY PERFORMED? NO X YES | 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1206, PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While at work NotWille at work TTENDING 21. I certify that (I) (this hospital) attended the deceased from. 1966 to De 19 6, and that death occurred at 4 M, from the causes and on the date state of above. saw the deceased alive on. 100 22a. SIGNATURE DATE SIGNED 22b. ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR Page 4 may 22c. PHYSICIAN'S ADDRESS 22d. NAME (Type) BURIAL, CREMATION, NAME OF CEMETERY (State) 23a. DATE THEREOR 23c. 23d. LOCATION (City, town or county) REMOVAL (Specify) ADDRESS 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR VR A15 (4) DATE 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17228 CERTIFICATE OF DEATH requires that the death entitions be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b COUNTY signed by the attanding physicion and completely filled in by the fuil burial-transit permit. Then please remove carbon papers. Pages I burial, cremation, or removal, and in any event, within 72 hours after. MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give redrest town) AUre de Corace vre de GRACE NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? YES NAME OF DATE DECEASED OF DEATH eR DATE OF BIRTH IF JNDER 1 YEAR 7. MARRIED AGE (In years JNDF 6 COLOR OR RACI NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED DIVORCED Aug. 1903 100 JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, eyen if retured) INDUSTRY U.S.A. the attending physicion isit permit. Then please Findlay. hio Govt. APG 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Emma Fellabaum Decker WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service 218-22-5160 Wife. Same as Yes CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I DEATH WAS CAUSED BY INTERVAL BETWEE signed by the buriol-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave nse to immediate couse (a), DUE TO stoting the underlying couse has been be detached for use os the State Dept. of Health prior to los# WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION NO S YES TO FUNERAL DIRECTOR: After this certificate PHYSICIAN: 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of anjury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d injury occurred 20e, PLACE OF INJURY (Home, form. (City or town) (County) (Stote) Hour o.m Not While foctory, street, office bldg., etc.) ot work O HOSPITAL OR ATTENDING ot work 21. I certify that (I) (this haspital) attended the deceased from Nov 25 19.66 to Dec 19 66, that (I) (we) last Page 4 may be retained director, page 3 should should be filed with the _19_66, and that death accurred at M, from causes and an the date stated above saw the deceased alive an_ Ve.c 22a SIGNATURE 22b. DATE SIGNED 团 M D DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION, (County) (Stote) REMOVA Specify Air Memorial Gardens, Bel Air. Maryland FUNERAL DIRECTOR ·Tarring FOREral Home 2So. REC'D BY REGISTRAR , 25b Aberdeen. Md. 20 M 1/46 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17229 FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 3 to Poge o. COUNTY o STATE 6 COUNTY 5 Harford Harford MARYLAND Maryland Deportment b CITY OR TOWN (If guitside comprote limits r LENGTH OF STAY IN 1h c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) puo vears Rural - Darlington d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS hours Office along with form R.D#1 R.D.#1 in Item 18 Give Pages YES NO IX 24 hours ofter deoth 3 NAME OF Middle Lost 4 DATE Month Day Year within 72 DECEASED **VITILIAM** RAMSAY DECKMAN December (Type or print DEATH IF UNDER 1 YEAR IE UNDER 24 HRS S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years 7. MARRIED K **NEVER MARRIED** Last birthday) Hours White Male 15,1910 WIDOWED DIVOR CED event 11 BIRTHPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY dur no most of work no life, even if retired) COUNTRY Poole, Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate should be executed within Dencil James P. Deckman Martha Wiley WAS DECEASED EVER IN ILS ARMED FORCES? 16 SOCA, SECURITY NO 17 INFORMANT Address permit (Yes, no_or unknown) [[If yes give war or dates of service] removol. 216-09-8922 pending Hrs. Sarah R. Deckman. Darlington. Md. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART | DEATH WAS CAUSED BY INTERVAL BETWEEN 000 451001 ONSET AND DEATH ä IMMEDIATE CAUSE (a) s a burial-tro cremation, c e, writing the word forwarded to the Ct DHE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(a) 9 WAS AUTOPSY PERFORMED? NO designated agent, prior to 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I of Item 18) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c TIME OF NJJRY Month, Doy Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldq., etc] 5 moy be retoined for your O FUNERAL DIRECTOR: Page Not Wnile at work 21. I certify that I taak charge of the remains described above, held on Autopsy Inspection 1 and in my apinion death resulted fram-Natural causes 🔼 Accident Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) BURIAL, CREMATION (County) Southern Dublin, Herford Co., Ild. Jan. 1, 1967 ADDRESS 2So REC D BY REGISTRAR VR A15ME (5) JAN Delta, Penna. 1967



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17230 FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, it institution. Residence before agmiss on) o. COUNTY b COUNTY Page HARFORD Maryland ÷0 HARFORD after death MARYLAND Department b CTY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) Havrede Grace C LENGTH OF STAY N 16 c. CITY OR TOWN (If outside carparate limits, write RuRAL and alve negrest town) and Aberdeen DOA a NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? hours 1 Pritchard Ave., Harford Memorial Hospital NO X YES 🗍 3 NAME OF with the Sto within 72 I First Lost 4 DATE Year DECEASED ELLER (Type or print) JOHNNEY December 18, LEE DEATH F UNDER 1 YEAR NEVER MARRIED TO 9 AGE (In years 6 COLOR OR RACE DATE OF BIRTH ost birthdoy) 22 yrs Months Dovs HOLES June DIVORCED Male White ond 2 y 11 BIRTHPLACE (State or foreign country) 10a USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 12 CT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Towson State College BelCamp, Md. .= II.S.A 13 FATHER'S NAME pencil This certificate should be executed within Rryana A. Eller Rosa Neaves pup 16 SOCIAL SECURITY NO 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? Address removal. (Yes, no, or unknown) (If yes give wor or dates of service) pending perm 213-42-2568 C. Douglas Smith. Yes Aberdeen, Md 18 CAUSE OF DEATH (Enter only one couse per me for (a), (b) and (c)) NTERVAL BETWEEN **buriol-transit** PART I. DEATH WAS CAUSED BY ONSET AND DEATH s o buriol-transı cremotion, or r Multiple severe injuries IMMEDIATE CAUSE (o) the word DUE TO Conditions, if only, which gove rise to immediate couse (a), DUE TO stating the underlying couse PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? CERTIFICATION YES X NO 200 EXTERNAL CAUSE WAS PRIMARY ★ or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) Pedestrian run over and/or struck by vehicle CAUSE OF DEATH 20d INJURY OCCURRED) 20e, PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.)
highway While Not While of work FUNERAL DIRECTOR: Poge of work 5:00 xxx 12-18 1966 Havre de Grace. Md. 21. I certify that I took charge of the remains described above, held an Autapsy [X], Inspection . Inquiry [], and in my apinian Accident X. Suicide death resulted fram: Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER December 19, 1966 **EXAMINER'S** 5 moy ro FUNE Health NAME (Type Address (Street, city, town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 230 BURIAL CREMATION (Stote) REMOVAL (Specify)
Burial 21 Dec.66 Bel Air Memorial Gdns Bel Air, Maryland Tarring Admineral Home 25o, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. GUNERAL DIRECTOR VR ATSME IS Milianles Many Aberdeen, Md. 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed, within 24 hours after death. deoth ond 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the funerol o. COUNTY o. STATE **b.** COUNTY burial, cremation, or removal, and in ony event, within 72 hours after MARYLAND YOWN (If outside corporate limits c LENGTH OF STAY IN 16 write RURAL and give negrest town) write RL RAL and give nearest town papers. d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENC YES 4. DATE corbon 3. NAME OF First Middle Moreir Year DECEASED (Type or print) OF DEATH IF UNDER 24 HRS IF UNDER S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DAJE OF BIRTH AGE (In years remove lost birthdoy) Months Doys Hours WIDOWED DIVORCED 106 KIND OF BUSINESS OR 10a JSHAL OCCUPATION (Give kind of work done during most of prorking life, even if retired) 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) pleose COUNTRY? physician Mouns line 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME attending phys INFORMAN NAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [If yes give wor or diges of service) 16 SOCIAL SECURITY NO Address 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c)) INTERVAL BETWE signed by the burial-tronsit p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or ottending physicion. DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse this certificate has been 3 should be detoched for use os the with the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) CERTIFICATION NO 200. ACCIDENT WAS UNDERLYING CONFRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Coupty) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m foctory, street, office bldg . etc.) TO FUNERAL DIRECTOR: After 1956 to chee 21. I certify that (1) (this hospital) attended the deceased fram. and that death accurred at 2:/HM, fram causes and an the date stated above saw the deceased alive, an 220. SIGNATURE DATE SIGNED 22b. ATTENDING MED. DIRECTOR STAFF PHYS X director, page 3 should be filed v M.D. PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type 23of BUR.AL CREMATION NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Joyn (Stote) 23Ь DATE THEREOF 23€ KEMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR DATE DEC



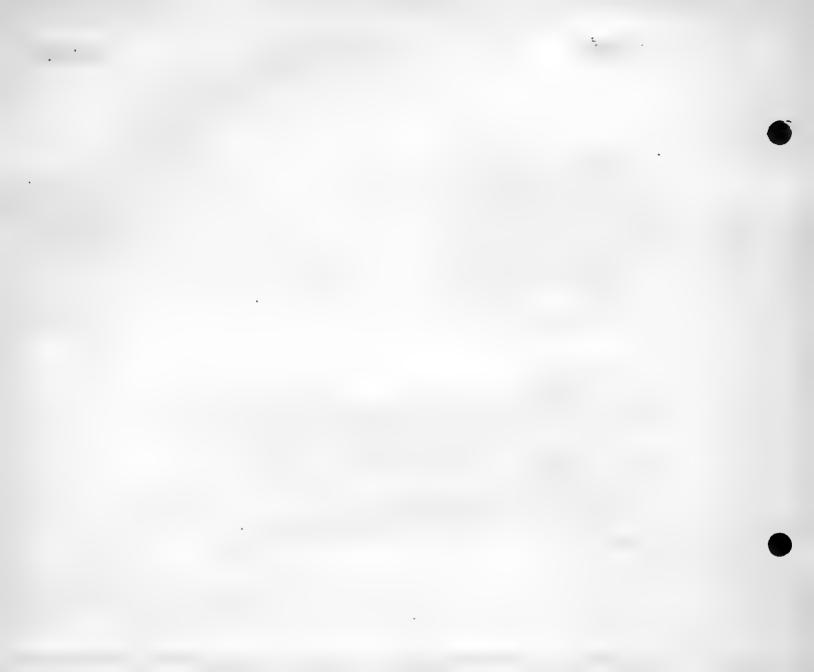
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Harford b. COUNTY completely filted in by the f ve carbon papers. Pages 1 event, within 72 hours after Harford MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) de Grace davs Forest Hill Rural-d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Grafton Shop Road Harford Memorial Hospital YES T NO be executed within 3. NAME DE First Middle DATE Last Month Dav Year DECEASED DEATH December CORA (Type or print) Rebecca FRISTOR 19 6. COLOR OR RACE | 7. MARRIED 5. SEX remove DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. NEVER MARRIED last birthday) | Months in any (and Days Hours Unite Pemalle WIDOWED ₽ DIVORCED [attending physician a ermit. Then please re on or removal, and in a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND DE BUSINESS DR 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Housewife Home U.S.A. Virginia O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ceftificate Page 4 may be retained by the hospital or attending physician. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peter Hessler Urknown n signed by the attenda burial-transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address inafton Sliop (Yes, no, or unkown) (If yes give war or dates of service) Harvey J. Forest Fristoe 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Hypostatic lobar pneumonia ONSET AND DEATH this certificate has been signed by DUE TO Conditions, If any, which Cerebro-vascular accident (stroke) days (b) gave rise to immediate the or to **DUE TD** cause (a), stating the prior ' Chr. cardiovascular disease underlying cause last 88 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use 19. WAS AUTOPSY PERFORMED? Diabeted mellitus--NO IX YES 2Da. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) of be detached State Dept. of MEDICAL TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State While Not While at work at work 21. I certify that (I) (this-hospite) attended the deceased from 19_66_, that (I) (we) last May 1917 to Dec . __ and that death occurred at \$350 M, from the causes and on the date stated above. 1966 saw the deceased alive on_ 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. MED.
DIRECTOR STAFF PHYS. M.D. PHYSICIAN'S NAME (Type) 22c. ADDRESS director, p should be Willard Rock Spring Rd., Forest Hill DATE THEREOF LOCATION (City, town or county) BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Jarrettsville Jarrettsville, aryl 24. FUNERAL DIRECTOR ADDRESS VR AI5 (4) Charles Jarrettsville. Ochanles Kurtz 1956 1/65



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OR DIRE	MA h. MU JAMEN M.D. ATTENDING MED. STAFF 1 /2/24/100			
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Page 4 may be retained for Funeral Director, page 3 should should be filed with the				
Pa Pa For	23a. (BURIAL CREMATION) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State)			
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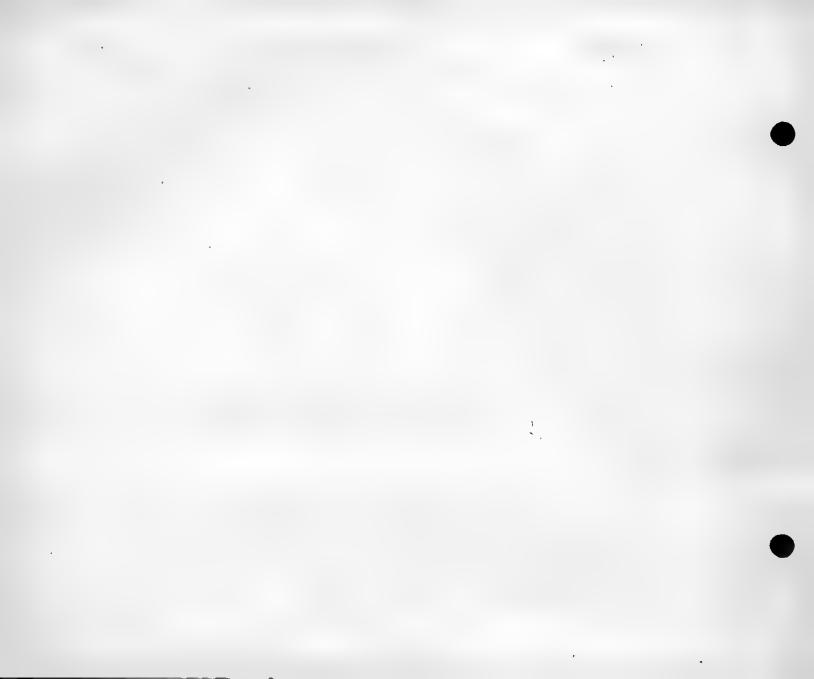
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	ecuted within 24 hours after Inotle completely filled in by the funerol ove carban papers. Poges I and y event, within 72 hours after deatled		b CITY OR TOWN (If outs de exporate l'mits, write RURAL ond give negrést town) A NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	t 16 c CITY OR TOWN (If outside corporate limits, writed the Corporate limits) of STREET ADDRESS	e RURAL and give nearest town) PA C E e IS RES DENCE ON A FARM?
	ithin 24 by filled in paper	79	HARFORD MEMORIAL HESP 3 NAME OF DECEASED 11 1+ First Middle	STAIR Rents	VES NO POR Month
	be executed within 24 hours after anoth range completely filled in by the funerol to reprove carbon papers. Poges I and 2 an any event, within 72 hours after death		(Type or print) W/ To N GREENWAY S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED MA/S WIDOWED DIVORCED	B DATE OF BIRTH 9. AGE (n yet	OF IF UNDER 1 YEAR OF UNDER 24 HRS
	conding		100 US_AL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR LINE TO SUCCESS OR LINE TO SUC	11 BIRTHPLACE (County & State, or foreign country)	
	he deoth certificate tattending physical permit Then pleation, or removal, on		13 FATHER'S NAME VERRY T. GILBERT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO	14. MOTHER'S MAIDEN NAME TRENE HOAMS. 17. INFORMANT	Address
	the death		(Yes, no, or unknown) (If yes give wor or dotes of service) 2/7-36-26 IB. CAUSE OF DEATH (Enter on y one couse per line, for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY:	HELENB, GILBERT H	AVREDEGRACE NO. INTERVAL SETWEEN ONSET AND DEATH
	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after and the same and the major and the lospital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please regress carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and may event, within 72 hours after death		Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse last.	myrous due	SOUTH AND DATE
	t. The to or aftena te has b use as ofth prio	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA		YES NO
	hospitol hospitol certifica oched for tpt. of He		OR CONTRIBUTING CLAUSE OF DEATH	CURRED. (Enter noture of injury in Port 1 or Port 11 of item 1 20e PLACE OF INJURY (Home, form, 20f. (City or tow	
	DING PI by the Affer this be deto Stote De		Hour o.m. pm. 19 While Not While of work of work 19 of	foctory, street, affice bldg, etc.)	, 19, that (I) (we) last
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low re age a may be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		saw the deceased alive and 2 - 2 - 19 , a	nd that death occurred of AM, from country MED. M.D. PHYS. DIRECTOR PHYS.	uses ond on the date stated above.
	O HOSPITAL Lage I may O FUNERAL director, pog	1	22c. PHYSICHAN'S NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	1ERY OR CREMATORY 23d, LOCATION (City	or Town) (County) (State)
	2 P A 15 (4)	J.	REMOVAL (Specify) DEC, 20,1966 SMITHS 24 FUNERAL DIRECTOR ADDRESS 11 Had som Mutchell House &	250. REC'D BY REGISTRAR 25	Sb. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17235 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a STATE **b.** COUNTY 2, and 3 ta PM3. Page Harford Harford ilaryl and MARYLAND ment b CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN To c CITY OR TOWN (If outside carparate im to write RURAL and give nearest town) write RURAL and give nearest town Grounfi Departr DOA Aberdeen Proving Aberdeen d NAME OF HOSP TAL OR INSTITUTION (f not in hospito, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? item 18. Give Pages 1, Office alang with farm hawrs Kirk Army Hospital YES NO TX ate haurs after death 3. NAME OF Middle e St 72 First Last DATE Day Year DECEASED OF DEATH DORSEY GILES D. December within (Type or print) with S SEX AGE (In years FUNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE 8 DATE OF BURTH 7 MARRIED **NEVER MARRIED** last birthday) WIDOWED DIVORCED Aug. 1916 event Hale Megro 10a USUAL OCCUPATION (Give kind of work done 12 C TIZEN OF WHAT DE KIND OF BUSINESS OR 11 BIRTHP_ACE (State or foreign country) during most of warking life, even if retired) COUNTRY? APG. Harford Co., Fd. any Govt. 14. MOTHER'S MAIDEN NAM 13 FATHER'S NAME This certificate shauld be executed within Isaac F. Giles Annie Thompson 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, ar unknown) (If yes give war or dates of service) ar remaval, 4 shauld be farwarded to the Chief Medical 215-16-0561 Wife Yes Same as C 3: D CAUSE OF DEATH (Enter only one cause per me for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (d) Arteriosclerotic and Rheumatic Heart Disease. writing the ward burial, cremation, DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause О PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? CERTIFICATION YES X NO please execute the certificate, þe its designated agent, prior ta 2Da EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part it of item 18.) PRIMARY C or CONTRIBUTING C CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame farm, (City or fown) (County) (Stote) 20c TIME OF N.JRY Month, Day, Year Hour o.m. foctory, street, affice bldg. etc.) Not While of wark 21. I certify that I took charge of the remains described above, held on Autopsy [x] Inspection [Inquiry [and in my opinion far FUNERAL DIRECTOR: the funeral directar. Accident death resulted from: Natural causes 3 Suicide Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED 106 ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be 10 FUNERAL Health ar i DEPUTY MEDICAL EXAMINER 12/2/66 **EXAMINER'S** Charles S. Pettv Address (Street, city, town, or county) Baltimore. Md. NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 230 BURIAL CREMATION. REMOVAL (Specify) 12-5-66 Aberdeen. Maryland Mt. Calvary Cere tery 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Parring Pufferal Home 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5. Aberdeen. Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17236 CERTIFICATE OF DEATH deoth, puo The law requires that the death certificate be executed within 24 hours ofter death completely filled in by the funeral tove carbon papers. Pages 1 and is event, within 72 hours ofter deat PLACE OF GEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission o COUNTY **b.** COUNTY Har ford Harford MARYLAND b CITY OR TOWN (If autside corporate limits. C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Bel Air d STREET ADDRESS IS RESIDENC d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? 204 Wakefield Drive 204 Wakefield Drive YES NO remove carbon 3 NAME OF Middle DATE Month **OECEASED** 8, 1966 HENRY HAFER Dec. (Type or print) 5 SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (n years IF UNDER . YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED birthday) Hours 4/14/13 WICOWED DIVORCED male white 12 CITIZEN OF WHAT 10a USGAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) In-Fra-Red Commissary COUNTRY? Balto. Id. 13. FATHER 5 NAME Henry Hafer Anna Lone cremation, or rem 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service Blanche Fuller Hafer, wife, above no 18 CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART . DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) signed by 4 may be retoined by the hospital or ottending physicion. DUE TO Conditions, if any, which gave nse to immediate couse (o), DUE TO stating the underlying couse os the prior to l TO FUNERAL DIRECTOR: After this certificate has been WAS ALTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? for use Health p CERTIFICATION NO YES 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) be detached for State Dept. of F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, (City or town) (State) 28c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED (County) factory, street, office bldg , etc.) Hour o.m. Not While 21. I certify that (I) (this hospital) attended the deceased from Merch! 1962 tassec: .. 19/6, that (1) (we) last 3 should be with the 5 1966, and that death accurred of DAM, from causes and on the date stated above saw the deceased alive on Left Y. 22a. SIGNALURES 22b. OATE SIGNEO ATTENDING MD. OIRECTOR PHYS. PHYS 22d AOORESS 22c. PHYSICIAN'S Schreiber Morris W. Lombard director, pli should be i NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION (County) (Stote) REMOVAL (Specify) Loudon Park Cem. Baltimore, Md. 12/10/66 24 FUNERAL DIRECTOR JUNERAL DIRECTION CONTROL NOT ADDRESS INC. 2Sa REC'O BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 3331 Brehms Lane



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages 1 b. COUNTY Harford Maryland Harford MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b papers. Page in 72 hours a Abingdon Abingdon 드 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) B. IS RESIDENCE d. STREET ADDRESS ON A FARM? 24 611 Long Bar Harbor Road within 611 Long Bar Harbor Road YES NO completely i death certificate be executed within NAME OF DATE First Middle Last Day DECEASED event, P. (Type or print) John DEATH December 19 66 Haves and con remove 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. ACE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS 8. 7. MARRIED NEVER MARRIED last birthday) | Months | Days Sept. 6, 1890 Male White WIDOWED DIVORCED physician a n please re val, and in a 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) New York. New York Retired - Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending phair just the j removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address Ы burial-transit pern burial, cremation, World War I 213-16-2901 Mr. Charles Haves 4845 Milbourne Rd INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). signed by PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that ti the hospital or attending physician. DUE TO Cenditions, If any, which (b) been: gave rise to Immediate the l DUE TO cause (a), stating the Ь underlying cause last. certificate has 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? NO X YES 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) hed f be detach State Dept. MEDICAL 20e. PLACE OF INJURY (Home, farm, (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While After O HOSPITAL OR ATTENDING Page 4 may be retained by at work at work the 21. I certify that (I) (this Rospital) attended the deceased from DIRECTOR: Jage 3 should liled with the M. from the causes and on the date stated above. saw the deceased alive on a 1966. and that death occurred at-22a. SICNATURE 22b. DATE SICNED DIRECTOR M.D. PHYS. TO FUNERAL D director, pag should be file PHYSICIAN'S 22c. 22d. NAME (Type) LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Baltinore National Cenetery Baltimore. REC'D SY RECISTRAR J 25b. REGISTRAR'S FUNERAL DIRECTOR VR #15 (4) DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 F7230 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and completely filled in by the funeral remave carbon papers. Pages I and In any event, within 72 hours after deat o. COUNTY o. STATE b. COUNTY Harford Harford Maryland MARYLAND CLENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate I mits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cardiff years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? Rain Street Main Street YES NO TO 4. DATE 3. NAME OF First Middle Lost Month Doy DECEASED 19 66 ROBLRT Lecember VILLIAM HENRY (Type or print) DEATH AGE (In years IF UNDER 24 HRS S. SEX 8 DATE OF BIRTH IF UNDER I YEAR 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost_buthday) Hours Male White Aug. 15.1907 WIDOWED DIVORCED 100 LSUAL OCCUPATION (Give kind of work done TOB KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Plant Foraman ing physician Then please INDUSTRY E LE COUNTRY Milling Front Royal. Va. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Gus D. Henry Minnie V. Lockhart 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, na or unknown) (If yes give wor or dates at service) 008-07-8617 Mrs. Carrie R. Henry, Cardiff, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY signed by the a INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate couse (o), DUE TO as the stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been last. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Z ठ् 200, ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ (A.JSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B.) detached f te Dept. af I (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Not While factory, street, office bldg., etc.) at work 19.00 to 1000 5 79 69, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram, director, page a such should be filed with the Si C 19 & and that death accurred at 9 PM, fram causes and an the date stated above. saw the deceased alive an 101 a 22b. DATE SIGNED 22n. SIGNATURE MED. DIRECTOR STAFF PHYS. Dec.10,1966 M.D PHYS 22d. ADDRESS 22c. PHYSICIAN'S Josiah A. Hunt M.D Delta.Penna. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURTAL CREMATION 23b DATE THEREOF (Stote) (County) REMOVAL (Specify) Delta, York Co. Penna Dec.11,1966 Slate Ridge ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR lianger VR A15 (4) Delta, Penna. DATE DEC 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and deoth 1. PLACE OF DEATH a. COUNTY 2 USUAL RESIDENCE (Where declosed lived, if institution Residence before admission) o. STATE b. COUNTY n, and completely filled in by the fur se regiove corbon papers. Pages 1 Beterany event, within 72 hours after MARYLAND requires that the death certificate be executed within 24 hours after b_CITY OR TOWN (If autside arparate limits, white RURAL and give negres tawn) c. LENGTH OF STAY IN 16 autside corporate limits, write RURAL and give nearest tawn) daNAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES T NO F NAME OF First Middle 4. DATE Day DECEASED (Type or print) DEATH S SEX 6. COLOR OR RACE 9. AGE (In years IF JNDER I YEAR 7. MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 24 HRS last birthday) Months Days Hours WIDOWED DIVORCED 10a USJAL-OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during mast of warking life, even if retired) INDUSTRY. COUNTRY? attending physicial permit. Then pleas 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAM signed by the attending phys buriol-transit permit. Then a buriol, cremotion, or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates af service) CAUSE OF DEATH (Enter only one couse per interfar (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise ta immediate cause (a), DUF TO stating the underlying cause hos been detached for use os the te Dept, of Health prior to last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X O FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour o.m. foctory, street, office bldg , etc.) Not While at wark of work 1956 6 ta 21. I certify that (1) (this haspital) attended the deceased from \$26.4-565-, 1966 that (1) (we) last be retained M, fram causes and an the date stated above 1966, and that death accurred at 1 saw the deceased alive an_ 22a, SIGNATURE 22b ATTENDING X M.D. PHYS DIRECTOR 22c. PHYSICIAN 22d. ADDRESS NAME (Type) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State) 6 REMOVAL (Specify) 24. FUNERAL DIRECTOR /ADDRESS VR A15 (4) 20 M 1/66T

380 M,

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17240 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. and death campletely filled in by the funeral lave carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY O. STATE MARYLAND **b.** COUNTY HARFORD HARFORD MARYLAND b CITY OR TOWN (f autside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) ban papers. Page, within 72 hours a 57 years ABINGDON ABINGDON d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspito), give street address) e. IS RESIDENCE ON A FARM? Long Bar Harbor YES NO A maye carban NAME OF FIRST Middle Last 4. DATE Manth Day Year DECEASED OF DEATH THOMAS WORTHY DECEMBER 28 19 66 HORNEY (Type of print) 1 YEAR IF UNDER 24 HRS AGE (In years F UNDER S. SEX 6 COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthday) Manths Days Haurs White March 27, 1884 Male WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) Chief, Storekeeper U.S.Govt. USA Scranton, Pa. Ret. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Thomas T. Horney Mary Susan Cunningham 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes give war ar dates af service) 217-52-6413 Mrs. Grace L. Doenges, Abingdon, Md. cremation. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Comments Unemuci signed by Page 4 may be retained by the haspital ar attending physician. OF UNERAL DIRECTOR: After this certificate has been signed by DUE TO burial. Generalized arterist Educases - cerebral vascular and renation Conditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying cause etached for use as the Dept. af Health priar to 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERT FICATION NO Jam YES 20g ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20k TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (State) (County) Not While factory, street, affice bldg., etc.) at work 21. I certify that (I) (this haspital) attended the deceased from. . 19 61 to Dec .. 19.66, that (1) (we) last saw the deceased alive an Dec. 27 1966, and that death accurred at 11 p M, fram causes and on the date stated above 22a, SIGNATURE 22b DATE SIGNED 60 DIRECTOR director, page 3 should be filed v M.D. PHYS. PHYS 22d. ADDRESS 22r. PHYSICIAN'S NAME (Type) Edgewood, Maryland Fred O. Hodous, M.D. 23d LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Joppa Trinity Jutheran Cometany 1 250. RECD BY REGISTRAR Harford Md 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Howard K. McComas & Son. Abingdon, Md. 2100 DDATE VR A15 (4) 20 M 1/66



	530	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
1		17241 CERTIFICATE OF DEATH	1799a		
funeral and 2 death.	1 =	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: F	Residence (Defore admission)		
1 0 0	1	a. COUNTY HAS ORD MARYLAND B. STATE M. B. COUNTY H	ar-Inra		
by the frages 1	_	b. CITY OR TOWN (If outside corporate limits, write RURAL write RURAL and give pearest town)	and give nearest town)		
hours d in by rs. Pa		JAVIE DE GRACE. IS days Churchville	121		
fille fille in 72	16	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 13 C C C C C C C C C C C C C C C C C C C	e. IS RESIDENCE ON A FARM? YES NO 🔀		
rithii letel rbon , wit	3	NAME OF DECEASED (Speed of print) DONIE (OCO) JOHOLSON DEATH DOC. 3	Oay Year		
nted wi comple ve carb event,	î	SEX 6. COLOR OR RACE 12 MARQUED MATTER MARQUED 18. DATE OF BIRTH 19. AGE (In years LIFUNDER	19 6 6		
execute and corremove any ev		MAR NEGO WIOOWEO DIVORCEO July 15, 1913 (ast birthday) Months	Days Hours Min.		
	1	DB. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT		
ate be nysicia please I, and		3. FATHER'S NAME V.A. Hospital P. Point Churchvelle Harfoll (3. M.) 1	U. S. H.		
tifica Tova		Laniel Johnson May & Johnson			
death certificate be e he attending physician permit Then please i ttion, observiousl, and in		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address R 3-	C.#1 BOX 571		
leath e ath oerm	L'	no - 215-22-9758 Mgs. Emma H. Johnson, Church	ville, md.		
y til		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND GEATH		
requires that the ding physician. been signed by the burial-transit or to burial, cremain to burial, cremain the burial, cremain the burial, cremain the burial or the burial transit.		157 X IMMEDIATE CAUSE (2)			
		Conditions, if any, which (b) Carcinoma of Dan views	3 world		
requi		gave rise to immediate cause (a), stating the OUE TD			
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PHYSIC the hos this condetache	100000	20c. TIME OF INJURY Month, Cay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)	unty) (State)		
ING PI I by th After the be de	200				
TYENDI etzined TOR: A should th the		21. I certify that (i) (this hospital) attended the deceased from Dec. 27, 1966, to Dec. 30, 196 saw the deceased alive on Dec. 30, 1966, and that death occurred at 1998, from the causes and on the cause are caused at the cause and on the cause are caused at the caused at	that (I) (we) last		
retz retz 3 sho with			DATE SIGNED		
bir or bi		James W.C. Juney M.O. ATTENDING MEO. STAFF DIVING MEO. OIRECTOR PHYS.	•*		
FO HOSPITAL OR Page 4 may be TO FUNERAL DIR director, page should be filed	1	22d. ADDRÉSS NAME (Type)			
HOS age FUN irect	1	3a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)		
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1 12	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
£	17242 CERTIFICATE OF DEATH 179	34			
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24 hours filled in by papers. Pa	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 268 Wakely Terrace 268 Wakely Terrace	6. IS RESIDENCE ON A FARM?			
	3. NAME OF First Middle Last 4. DATE Month	YES NO TO Day Year			
ed windle carl	(Type or print) Nora Alice Johnson Death December 14				
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the page director, page 3 should be detached for use as the burial-transit permit. Should be filed with the State Dept. of Health prior to burial, cremation, or re	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (State) Hour a.m. While at work at work at work				
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ATTE retail CCTOR	saw the deceased alive on 12/13 19 66, and that death occurred at 224M, from the causes and on the				
L OR be sy be all age all filled y	Lucent & Moloney M.D. ATTENDING MED. STAFF Dec. 14				
SPITA 4 mi (ERA) tor, p	22d. ADDRESS NAME (Type) Vincent R. Moloney, M.D. 22d. ADDRESS South Main Street, Bel Air, R	d. 21014			
Page D FU! direc	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county	y) (State)			
F F . B	Burial Dec. 10, 1900 Mt. Zion Meth. Ch. Cem. Fountain Green, Hari	IGNATURE			
VR AIS (4) (2)	Supervision total Bel Air, Maryland 21014 DEC 10 1956 Millione	es Judge			
	Joseph William Foster				

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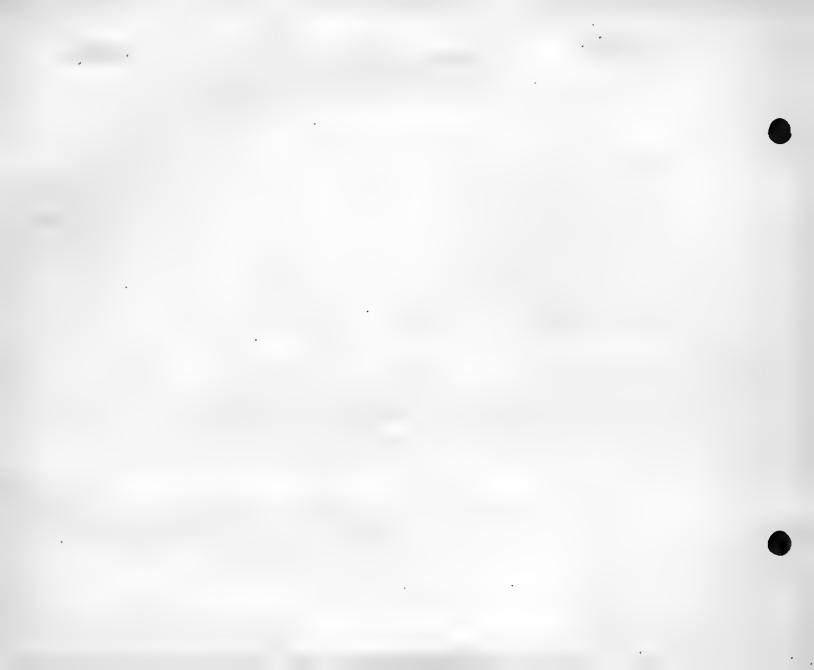
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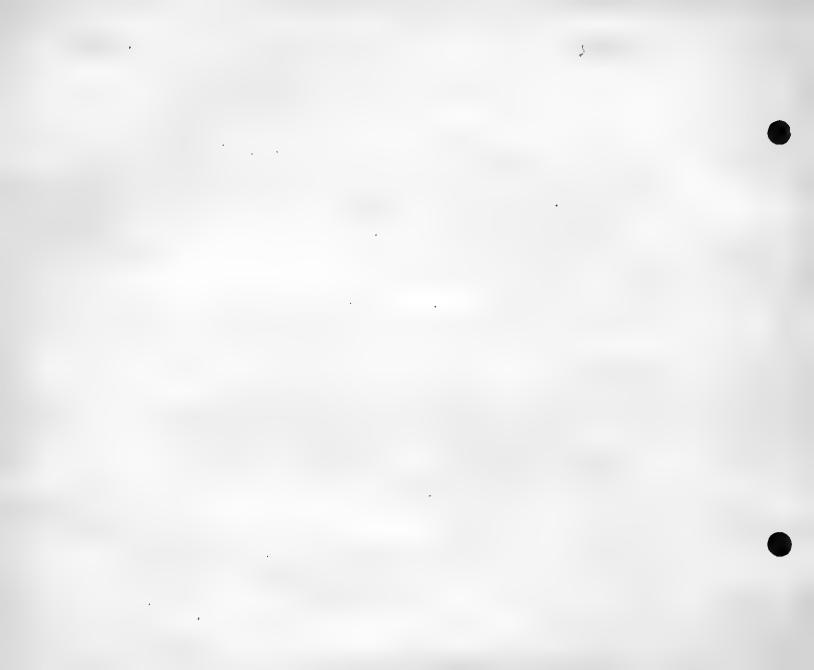
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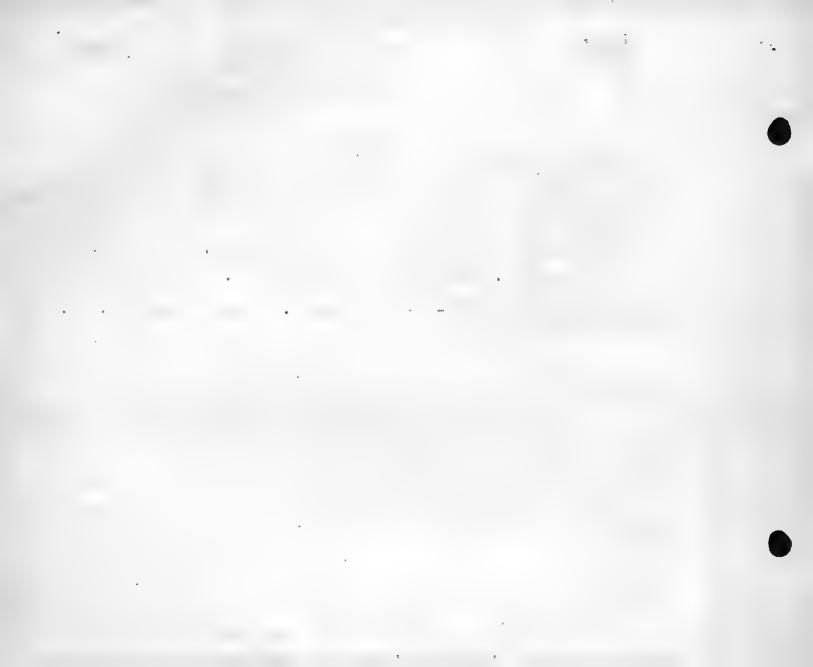
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17243 The law requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and death and USUAL RESIDENCE (Where deceased fived, if institution Residence before admission) 1. PLACE OF DEATH o. COUNTY o STATE **b.** COUNTY MARYLAND van papers Pages I Within 72 hours after CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 16 c CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town 0 filled in I d STREET ADDRESS IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) and campletely fi remove carban p NAME OF Middle DATÉ Month Doy Year First Lost DECEASED OF DEATH 1966 rember (Type or print) eyent, IF JNDER I YEAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH AGE (In veots 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** birthdov) Months Dovs Hours and in any WIDOWED DIVORCED Dec. puo 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done physician a en please industry Home COUNTRY ? during most of working life, even if retired) Dublin. CA. lousewife Maryland 13. FATHER'S NAME burial-transit permit. Then pl burial, crematian, ar remaval, nnie attending phy: Mathias Merrick 16. SOCIAL SECURITY NO INFORMANT Address P T WAS DECEASED EVER IN U.S. ARMED FORCES? Box 3173 (Yes, no, or unknown) (If yes give wor or dates of service Bel INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a) to ond (c) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO arcinoma Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta arcenom WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION YES NO **DIRECTOR:** After this certificate PHYSICIAN: 20o ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (City or town) (County) (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, TIME OF INJURY Month, Doy, Year Not While foctory, street, office bldg , etc.) Hour o.m of work of work that (۱) (we) las: المركز ال 21. I certify that (I) (this haspital) attended the deceased fram and that deoth occurred at GA. M, from causes and on the date stated above sow the deceased olive an... 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** liartes M.D. PHYS DIRECTOR PHYS 22d. ADDRESS PHYSICIAN'S FUNERAL HAVRE NAME (Type) 230 BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Centre Forest lary land 0 256 - REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Jarrettsville Charles E. Kurtz



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
	17244	CERTIFICATE OF DEATH	17236
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death etained by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral shauld be detached far use as the burial-transit permit. Then person mave carban papers. Pages 1 and 2 with the State Dept. af Health priar ta burial, crematian, ar removal, and the state Dept.	1 PLACE OF DEATH O. COUNTY HORFOR	MARYLAND 2 USUAL RESIDENCE (Where deco	gosed lived, if institution. Residence before odm ssion) b. COUNTY
by the f Pages aurs afte	b CITY OR TOWN (If outside corporate I mits, write RURA, and give nearest town)	CLENGTH OF STAY IN 16 CCITY OR TOWN (If outside corp	orote limits, write RURAL and give negrest fown)
filled in papers.	d NAME OF HOSPITA, OR INSTITUTION (If no in hospito, s	101 Hospilal 16 N. Mark	ST. DOX 8 7 YES NO 18 NO
executed within 24 had completely filled in amove carban paper any event, within 72	3. NAME OF DECEASED (Type or print)	Middle 1 Me (20st act of DEA)	TH 12 7 1966
oe execute and camp genave in any eve	14 114 11 11 11	NEVER MARRIED (B. DATE OF BIRTH DIVORCED (MAY 6, 1881)	9 AGE (In years lef UNDER) YEAR IF UNDER 24 HRS. North Days Hours Min
ond at the be	during most of working life, even if retired) IN	ND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or DUSTRY O M &	foreign country) 12 CITIZEN OF WHAT COUNTRY?
certifico g physi Then p	13. FATHER'S NAME DRENNEN	11/1 - TCM 4 MOTHER'S MAIDEN NAME	ey Mary
ne death cer attending p permit. The	(Yes, no, grunknown) (If yes give wor or dotes of service) 2	15-54-0178-7 morter mf	Cardel , Straine Sen >
that the in. by the cansit p	IB. CAUSE OF DEATH (Enter only one couse of line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	excluse decemper	Sation INTERVAL BETWEEN ONSELAND DEATH
equires that the death certifi physician. signed by the attending phy burial-transit permit. Then burial, crematian, ar re≡oval	Conditions, if ony, which gove (b) (b) DUE TO	t.s. C.V. DV.	? *
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J. OR A be rei	TRUTTE TO THE PROPERTY OF THE	M.D. ATTENDING MED. DIRECTOR 22d. ADDRESS	0 STAFF 0 /2/7/66.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cre	NAME (Type) COLO) A 230. BURIAL, CREMATION, 23b, DATE THEREOF,	26. NAME OF CEMETERY OR CREMATORY 23d	LOCATION (City of Town) (County) (Stote)
la contraction	REMOVAL (Sopody) 12/10/66 24. FUNERAL DIRECTOR HOME REED	Brookview Construct &	strar Cecil Md
VR A15 (4) 20 M 1/66	Palle 2 BR W	DATE OEC 9	1300



1 /	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
	17245	CERTIFICATE		17237
rs after death the funeral ages I and irs after death	1 PLACE OF DEATH O. COUNTY HARFOR	D MARYLAND	2 USUAL RESIDENCE (Where de	ceosed lived, if institut on Residence before admission)
by the Pages	b. CITY OR TOWN (If outside corporate limits, write RURAL and give noorest town)	c LENGTH OF STAY IN 16	CCITY OR TOWN (If outside con Bel A:	porate limits, write RURAL and give nearest town)
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the be executed within 24 hours after ician and campletely filled in by the fullease remave carban papers. Pages 1 and in any event, within 72 hours after	3 NAME OF DECEASED (Type or print)	Vivginin 1	Me Common S DE	ATH Dec. 28 1966
execute id camp smave o	Female white will	ARRIEDXX NEVER MARRIED 8. 7	June 1877	9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 89 Wonths Doys Hours Min
ertifiçăte be physician ar ien please ri aval, and in	100 US_AL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWLT	10b KIND OF BUSINESS OR INDUSTRY HOMO	11 8IRTHPLACE (County & Stote of Harferd County	COUNTRY?
phys phys naval,	13. FATHER'S NAME Samuel B. N	[itchell	Alice V.	Wake land
he death ce attending permit. Th ian, ar remi	1S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service). N ●	reli	ry E. Sieber	Address t, Aberdeen, Md.
quires that tl physician. signed by the burial-transit burial, cremat	IS. CAUSE OF DEATH (Enter only one couse per PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. (b)	line for (o), (b), and (c).) A. S. C.V.	Compens.	ation Chronic INTERVAL SETWEEN ONSEL AND DEATH ,
AN: The law real or attending icate has been far use as the Health priar tal	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE CONDITION	GIVEN IN PART I(o) 19 WAS AJTOPSY PERFORMED? YES \(\bigcap \) NO \(\bigcap \)
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DING PHYSICI by the haspit After this certif be detached State Dept. of	20c TIME OF INJURY Month, Doy, Yeor Hour o.m. 19	20d INJURY OCCURRED While Not-White factor of work of work	OF INJURY (Home, form, ry, street, office bidg., etc.)	f (City or town) (County) (Stote)
TENDIN	21. I certify that (I) (this hospital) sow the deceased alive on 12	attended the deceased from / - 28 19-66 and that	2 - 10, 1966 death accurred at 27	to /2/28, 19/5(that (1) (we) la M, fram causes and on the date stated above
AL OR ATTENDING by be retained by the L DIRECTOR: After toge 3 should be diffed with the State	220. SIGNATURE	Lego Duni M.D.		R D PHYS D 22b. DATE SIGNED /2/78/66
PITAL ON THE PROPERTY	NAME (Type) fall of	(C.Loo, M)	22d ADDRESS/	de Frace Mid.
TO HOSPITAL Page 4 may TO FUNERAL directar, pag should be fi	230. SURIAL (REMATION, REMOVAL (Specify) 31 Dec. 66	23c. NAME OF CEMETERY OR CO Rocky Run Comot		LOCATION (City of Town) (County) (Store) wre de Grace, Maryland
VR A15 (4) 20 M 1/6	Tarring Funeral Home,	Aberdeen, Marylan	2So. REC'D BY REG	3 1867 Carlo D



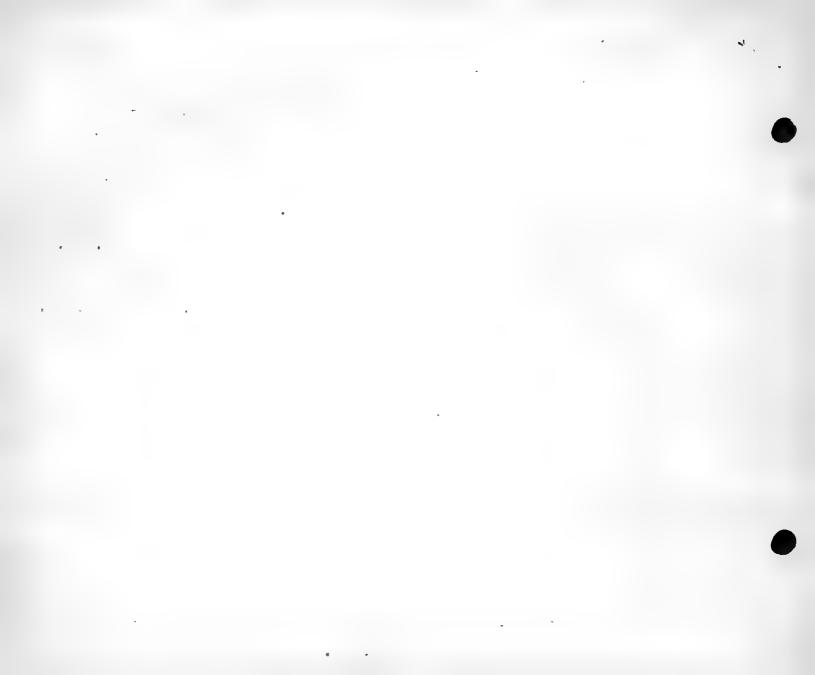
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17246 CERTIFICATE OF DEATH death The law requires that the death certificate be executed within 24 haurs after death and/ and campletely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) PLACE OF DEATH o. COUNTY o STATE **b** COUNTY MARYLAND C LENGTH OF STAY IN 15 b CITY OF TOWN (If outside corporate c CITY OR TOWN auns de corporate fimits, write RURAL and give nearest town) write ALRAL and give nearest town) een e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS papers. within 72 ON A FARM? YES NO X NAME OF Middle Lost DATE Month Doy Year DECEASED OF (Type or print) DEATH 9. AGE (n years S SEX 6 COLOR OR RACI NEVER MARRIED DATE OF BIRTH last birthdoy) Months WIDOWED DIVORCED KIND OF BUSINESS OR (County & State, or foreign country) 12 CITIZEN OF WHAT OCCUPATION (Give kind of week done lüb INDUSTRY COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME ccel Johnson WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Dec 66 crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO burial, Conditions, if any, which gove (b) rise to immediate cause (a), DUE TO stating the underlying couse be retained by the haspital ar attending as the O FUNERAL DIRECTOR: After this certificate has been Health priar to last. WAS AUTOPSY PERFORMED2 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION far use YES W NO DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (Stote) INJURY OCCURRED (City or town) (County) TIME OF INJURY Month, Day, Year factory street office bldg, etc.) 1966 De 21. I certify that M (this hospital) attended the deceased from 00 19 66, and that death occurred at 253 PM, from causes and an the saw the deceased ofive an 22o. SIGNATURE **ATTENDING** M.O. PHYS. DIRECTOR ADDRESS 22d YYSICIAN'S Page 4 may IAME (Type directar, should LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 230 ASURIAL CREMATION. (County) REMOVAL (Specify) 25b REGISTRAR'S SIGNATURE 250 REC D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 7239 17247 funeral s 1 and 2 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. remove carbon popers. Pages 1 and n ony event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY h. COUNTY o. STATE MARYLAND Pages b CITY OR TOWN (If outside Largarate mits. CLENGTH OF STAY IN 16 CITY OR TOWN autside carparate limits, write RURAL and give necrest tawn) write RURAL and give mearest town in by (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? filled i NO YES. NAME OF First DATE Month Day Year completely DECEASED OF DEATH (Type or pnnt) empe IF LADER 1 YEAR S SEX 6. COLOR OR RACE JE UNDER 24 HR 7. MARRIED NEVER MARRIED DATE OF BIRTH n years birthdoy) Months Dovs Hours WIDOWED DIVORCED puo 100 USUAL OCCUPATION (Give kind of work done JOB KING OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY 2 physicion (en please over endar during most of working life, even if retired) 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, tremotian, or remov UNKNOWN WOWN WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16 SOCIAL SECURITY NO (Yes, no, as unknown) (if yes give was as dates of service) NHAVREDE CAUSE OF DEATH (Enter only one couse per line for (a), signed by the buriol-tronsit p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or ottending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Heolth prior to last. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) NO F 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form. (City or town) (County) (State) Hour a.m. Not While factory, street, office bldg., etc.) at work 19 6 Fihat (I) (we) last 2). I certify that (1) (this hospital) attended the deceased from 11-16 1966 to 12 - 5 saw the deceased alive on. 19 6 and that death accurred at 705 M, from couses and on the date stated above. MENATURE 22b. DATE SIGNED 22a STAFF PHYS. ATTENDING PHYS DIRECTOR PHYSICIAN S 22d. ADDRESS NAME (Type) 23o BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town (County) (State) REMOVAL (Specify) 250 REC'D BY REGISTRAN VR A15 (4) 20 M 1/66



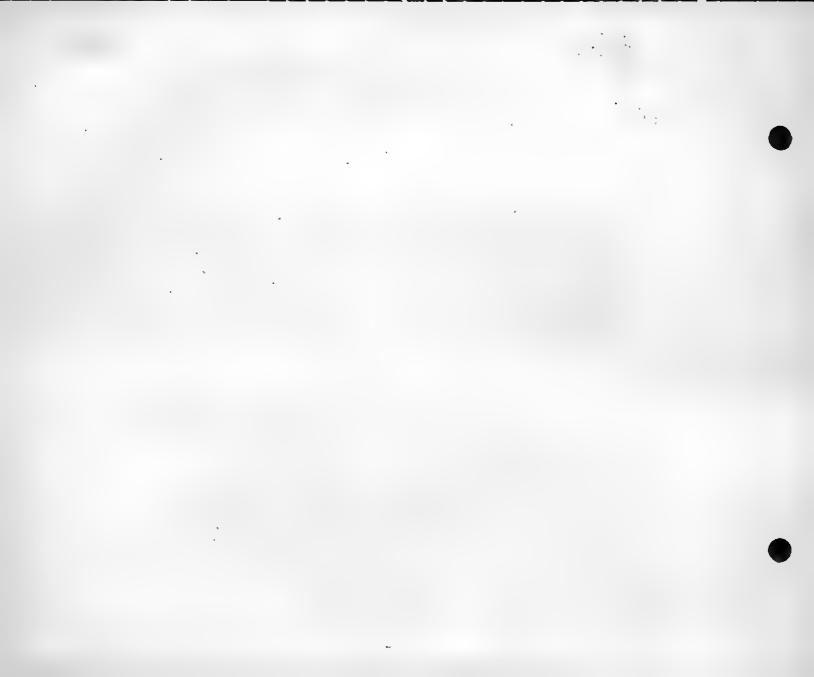
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution a. COUNTY o STATE COUNTY Page 0 ö death. MARY, AND delay Department b CITY OR TOWN (f outs de carporate limits, c LENGTH OF STAY IN 16 and write RURAL and give regrest town ofter Aberdeen Route INSTITUTION (If not in hasp to, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? Office along with form haurs Item 18 Give Pages ate NO 3 haurs ofter death NAME OF Middle 4 DATE Frst Last Month \sim Day Year within 72 DECEASED OF the (Type or print DEATH S SEX 6 COLOR OR RACE DATE AGE NEVER MARRIED birthday) last Months Days Haurs 1926 WIDOWED Mar. DIVORCED event and 10a USLAL OCCLPATION (Give kind of work done KIND OF BUSINESS OR 1 BIRTHPLACE (State or fare an country) 12 CITIZEN OF WHAT COUNTRY? during most of working ife, eyen if retired) INDUSTRY any Housewife Germany \subseteq Home 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within 5 Unknown Joseph Gassner IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address removal (Yes, no, ar unknown) (If yes give war ar dates of service) Chief Medica pending Robert E. McNally. Aberdeen, Md. Mo perm INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) ial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH ь IMMEDIATE CAUSE (a) Ward certificate shauld crematian, DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause used as burial, c last. pasn WAS AUTOPSY PART I OTHER SIGNIF CANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) PERFORMED? please execute the certificate. NO agent, priar ta pe 200 EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 11 of item 18) 3 should PR MARY OF CONTRIBUTING CAUSE OF DEATH Page 4 shauld STAL EXAMINER: Ī 20c T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, (Stote) (City or town) (County) factory street, office bldg .etc.) Not Whife FUNERAL DIRECTOR: Page dr61-108#1 at wark its designated 2) I certify that I taok charge of the remains described above, held an Autapsy and in my opinion Inspection death resulted fram. Natural causes Suicide Accident V Undetermined manner **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE (2 O DEPUTY Health or i EXAMINER'S Le DEPUTY MEDICAL EXAMINER Address (Street, city, town, of county) BURIAL, CREMATION 23b 23d LOCATION (City or Town) (County) (State) 0 Arlington National Arlington, Virginia Jan. Tarring Femeral FUNERA, DIRECTOR 250 REC D BY REGISTRAR DATE JAN VR A15ME (5) meberdeen. 6M 1/66



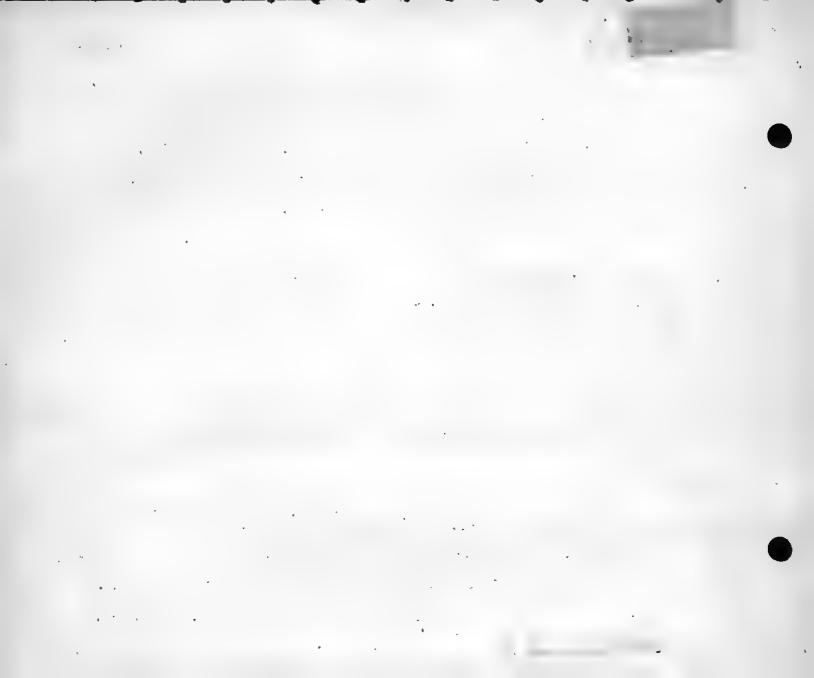
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17249 CERTIFICATE OF DEATH The law requires that the deoth certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) completely filled in by the funeral PLACE OF DEATH COUNTY o. STATE **b** COUNTY MARYLAND c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 1h CITY OR TOWN (If autside corparate mits, write RURAL and give nearest toward e IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS -Box Route toon pup. ON A FARM? YES NO TA NAME OF DATE Doy Year First OF DEATH DECEASED (Type or pnnt) ere mbe COK event, E LINDER TYEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE B DATE OF BIRTH 7 MARRIED School birthday) ove. Manths Days June 25. 1907 WIDOWFD DIVORCED 0 puo 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working ife, even if retired) INDUSTRY USA? Construction Carpenter 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physburial-transit permit. Then purial, cremation, or removal RRISON 17. INFORMÁNT 16 SOCIAL SECURITY NO Address WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes give wor or dates of service) Mrs. Ora R. Morrison, Box 184, Rt.1, Aberdeen 233-16-1336 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physician. Conditions, if any, which gave rise ta immediate cause (o), DUE TO stating the underlying cause director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES 🔀 NO [20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20f. (City or town) (County) (State) Hour am. factory, street, office bldg, etc.) Not While at wark FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram 12 - 12 . 19 66 to . 19 66 that (I) (we) last 19 66, and that death accurred at \$2 M, fram causes and an the date stated above. saw the deceased alive an 12 22b. DATE SIGNED 22o. SIGNATURI **ATTENDING** PHYS DIRECTOR .. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23a BURIAL, CREMATION, REMOVAL (Specify) Abingdon Harford Md 9 Cokesbury Memorial Cemete ty 250 RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Howard K. McComas & Son, Abingdon, Md. 21009 DATE DEC



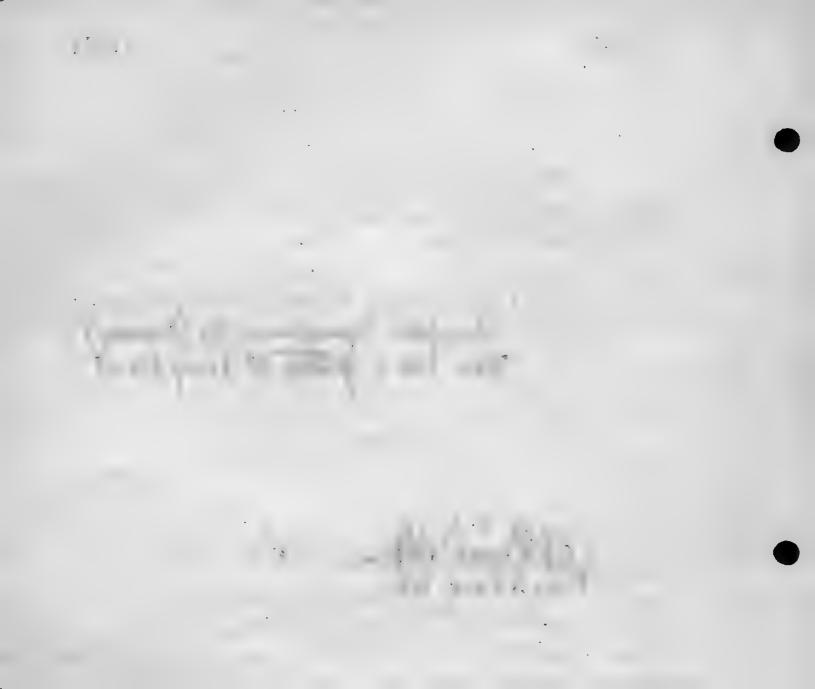
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17250 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and and 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission o. COUNTY h collinty 2 emove carban papers. Pages 1 any event, with n 72 hours after, MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN-(If outside corporate limits, write RURAL CITY OR TOWN (If outside corporate limits, write RURAL and give/negrest tegan) d STREET ADDRESS IS RESIDENCE ON A FARM? QN_(If not in hospital, give street address) NO 3 NAME OF Middle 4. DATE Mont Doy Year Lost DECEASED OF DEATH (Type or print) OF BIRTH 9. AGE IF UNDER I YEAR I IF UNDER 24 HRS OR OR RACE 7 MARRIED NEVER MARRIED tost, birthday) Months Dovs WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT SIPTIMPLACE (County & State or libreion country) ng most of working the even it retired), MOTHER'S MAIDEN NAME 13. FATHER'S NAME byrial, crematian, ar removal 15 WAS DECPASED EVERAN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT (Yes, no, or inknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) INTERVAL BETWEEN transit -ONSET-AND DEATH PART I DEATH WAS CAUSED BY signed by i IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse **DIRECTOR:** After this certificate has been director, page 3 shavid be detached far use as the shavid be filed with the State Dept. of Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO [Б 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour o.m. Not While of work 21. I certify that (1) (this haspital) attended the deceased from Lee C 1963 1966, that (1) (we) last 1965, and that death accurred at saw the deceased alive on Lee M, from causes and on the date stated above 220. SIGNATURE L 22b. DATE SIGNED M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) 230. BURIAL CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23d ADEATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY [Stote] (County) cem. 0 25b. REGISTRAR'S SIGNATURE 2So, REC'D BY REGISTRAR 24 FLAFRAL DIRECTOR VR A15 (4) 20 M 1/66 DEC 1966



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	Aberdee	and give nearest and Proving	town) z Ground	6 Days		Abérdée	m/ Ti	ttle F	Root-		1
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1	Kirk Ar	my Hospit	tal			104/5//PH				Y	res 🔲 NO 🔯
3.	NAME OF DECEASED		First	Middle		Last	4. DATE OF		ionth	Day	Year
l	(Type or print) SEX	Bel	Linda	Amne		Patterson	DEATH	- 1.	ec.	5	1966
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F'6	emale USUAL OCCUPATI	White ON (Give kind of wo	WIDDWED		DR ED	25 Nov. 66	aunty & State	yr er fereign co	s. Luntry) 12.	I 10 Citizen	DE WHAT
duri	ng most of workle	ng life, even if ret	ired)	IND OF BUSINESS I					11.	COUNTRY	USA
13.	FATHER'S NAME			n/a		Harford,	DEN NAME	and			USA
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	No	(11)C) SITE WAS AS WAY	LI OI ICI VILLY	None	F	ather		Same	As Ab	ove	
				ine for (a), (b), and	(c).]					INTE	RVAL BETWEEN ET AND DEATH
\mathbf{I}	PART I, UE	ATH WAS CAUSED IMMEDIATE CAU	SE (a) Pne	umonia						2	4 Hours
	Conditions, If a		UE TD								
	gave rise to	Immediate ((b)							-	
1 1	cause (a), sta underlying cause	sente rue f	(c)								
NOI.				JTING TO DEATH BUT	NOTRELA	ED TO THE TERMINAL	DISEASE CON	DITIONGIVE	N IN PART I (a) 19.	WAS AUTOPSY PERFORMED?
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CERTIFICATION	20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOT	ple Conge Was underlying Ing Cause of D IFY Medical EXA	EATH MINER)	DESCRIBE HOW INJ	URY OCCUI	RRED. (Enter nature o	f Injury in Pa	art I or Part	li of item 1	8.)	
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3	Hour a.m p.m		While at wor			, an eer, onlea blug., e					
	21. I certify	that (I) (this h		ed the deceased							at (I) x(pre) c la
_				1066	and that	death occurred at	235 DM. fn	om the cau		the date	
	saw the dec	eased alive Dn_	5 Dec	1900	-114 11101					DATE SIG	MED
			S Dec	260				STAFF			11
	saw the dec 22a. SIGNATUR 22c. PHYSICIAN	E 2	Zight	100	M.D.		MED. DIRECTOR	STAFF PHYS.		ecem	ber 66
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23a.	saw the dec 22a. SIGNATUR 22c. PHYSICIAN NAME (Typ	V'S pe) LELAND	Zight	10,	M.D.	ATTENDING PHYS. 22d. ADDRESS Wirk Arms	MED. DIRECTOR [tal, A	□ 5 D		ber 66 (State)
238.	saw the dec 22a. SIGNATUR 22c. PHYSICIAI NAME (TY) BURIAL, CREM REMOVAL (Spei Burial	E LELAND ATION, 23b. DAT	WIGHT, OF THE THEREDS	CPT, MC 23c. NAME DF	M.D.	ATTENDING PHYS. 22d. ADDRESS Nirk Army OR CREMATORY	MED. DIRECTOR [Hospi 23d. LC	tal A	PG, Md	ounty)	(State)
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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whate decessed lived, If institution: Residence before edmission) . COUNTY **6. COUNTY** ARTONO MARYLAND b. CITY OR TOWN (if outside corporeta limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN III outside corporete limits, write RURAL and give necrest town) write RURAL and give neerest town DEGRACE carbon papers. Pages within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NAME OF Middle Yeer DECEASED OF (Type or print) DEATH DEC 1966 9. AGE (In yeers (IF UNDER) YEAR | IF UNDER 24 HRS OR RACE 7. MARRIED LINEYER MARRIED pue last birthdey) Months WIDOWED [DIVORCED (12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME JOHN Attendi 16. SOCIAL SECURITY NO. 17. 18. CAUSE OF DEATH [Enter only one cause ger line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) gave rise to immediate cause DUE TO (a), sletting the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19, WAS AUTOPS CERTIFICATION 0 PERFORMED? NO 20a ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury to Part I or Part II of I'em 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED . 20a, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m. āt wark et work p.m. DIRECTO and that death occurred at OP, M, from the causes and on the date stated above. saw the deceased alive on 22n. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. DIRECTOR death. Page 4 HOSPITAL 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) ector, 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stete) REMOVAL (Specify) å ë g 24 FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17253 death The law requires that the death certificate be executed within 24 hours after death y the funeral Poges 1 and 2 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) o. COLINTY a STATE b. COUNTY chen and completely filled in by the fur ease remove corbon popers. Poges 1 and in any event, within 72 hours after MARYLAND c. LENGTH OF STAY IN 16 h CITY OR TOWN Iff outside cornorate 1 mits c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) ON A FARMS HOSPITAL OR INSTITUTION If not in haspital, give street d STREET ADDRESS NO NAME OF 4. DATE Month Day Year First DECEASED OF DEATH AGE (In years IF UNDER 24 HRS 7/MARRIED DATE OF BIRTH JE UNDER 1 YEAR NEVER MARRIED last_birthday Manths Hours WIDOWED DIVORCED 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRYA 14. MOTHER'S, MAIDEN NAME 13. FATHER'S NAM burial, crematian, or removol, INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, or unknown) (If yes give war at dotes of service) ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY. signed by the burial-transit p IMMEDIATE CAUSE (a) Page 4 moy be retained by the hospital or attending physicion. DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUF TO stating the underlying cause director, page 3 should be detoched far use as the should be filed with the State Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate hos been 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO X YES | 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM!NER) (City or town) 20e PLACE OF INJURY (Home, form, (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED Haur a.m. Nat While factory, street, affice bldg., etc.) at wark 1966 19 66, that (1) (we) last to A and that death accurred at 10. 22 M, from causes and an the date stated above saw the deceased alive an 22a. SIGNATURI 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) GRIGGLEIT 608 S. UNION Howe de Grace 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION 23b DATE THEREOU 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADORES: VR A15 (4) 20 M 1/66



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do	ne during most of wor	rking life, avan if rel	lired)	HAD OL BOSINESS OF	K INDOSTRY II	. BIRTHPLACE (S	iara or toreign e	ountry)	12. 0	IIIZEN
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	DIVISION OF STATIST	ICAL RESEARCH AND RECO	•	N STREET, BALTIMOR	E 1, MAR
	17255	CERTIFIC	ATE OF DEATH		מ / פלו
1. PLR	CE OF DEATH			E (Where decessed lived, if instr	tion Resident
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Ь. C	ITY OR TOWN (if outside corporate write RURAL and give nearest town)	Ilmils, c. LENGTH OF STAY IN	16 c. CITY OR TOWN (If	outside corporate limits, write RU	RAL and give r
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/	01/6	ON (if not In hospital, give street address)	d. STREET ADDRESS	A.	
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5. SEX	6. COLOR OR R	ACE 7. MARRIED NEVER MARRIED	1 B. DATE OF BIRTH	9. AGE (In years) IF I	JNDER 1 YEAR
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A	LENR. DAS.	SAMAN	SAVINA	WOODRING	
15. WA (Yes, no	AS DECEASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL SECURITY NO. 1	7. INFORMANT	Address	_
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18.	CAUSE OF DEATH [Enter only		apple 1.	1 4	1N1 01
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CERTIFICATION 10 to 10 t	ACCIDENT WAS UNDERLY NO TO	208. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in P		00. 0
	CONTRIBUTING CL GAUSE OF DEA				
	c. TIME OF INJURY Month, Day	White New Wildle	PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.)	20f. (City or lown)	(County)
WEDI	p.m.	et work et work			
		epital) attended the deceased from		10. Dec. (2	r., 19661
	w the deceased alive on	100 10 11900 and 1	hat death occurred at	M, from the causes and	on the dat
220	. SIGNATURE	A10/100	ATTENDING ME	D. STAFF	/
220	. PHYSICIAN'S	or com	A.D. PHYS. CIP	1	
	NAME (Type) Edwig	nd C. Loo, M	D -Havn	e de grac	2,4
		THEREOF 23c. NAME OF CEMET	ERY 98 CREMATORY SALOS	23d. LOCATION (City, town o	or county)
134	RIAL DEC	14.1966 HARFORD	NEMORIAL .	-/ HARFORI	2 6
24 EUN	IERAL DIRECTOR'S SIGNATURE	ADDRESS		1 - 1000 677	RAR'S SIGNA
11.7	Madesto //hall	ULY HAYRE DE U	RACEMO, OATHE	1 2 13PP Ac	-



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17256 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institut on PLACE OF DEATH physician and campletely filled in by the funeral Residence before admission? o. COUNTY o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) d STREET ADDRESS IS RES DENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) YES NO F with carban NAME OF Eirst Middle Last 4. DATE Month Day Year DECEASED (Type or print) OF DEATH SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED 7. MARRIED remove last birthday) Months Hours WIDOWED DIVORCED 10 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) 10a USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) **COUNTRY?** None None Harford Co... U.S.A 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal, Richard Scungio Bonnie signed by the attending burial-transit permit. Th IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address transit permit. (Yes, na, ar unknawn) ((If yes give war or dates at service) Richard Scungio Joppa. Maryland none INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for-(a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO far use as the b f Health priar ta b stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been (c) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDUTIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CFRTIFICATION NO j 20b. DESCRIBE HOW INJURY/OCCURRED (Enter nature of injury in Port I or Part II of item 18.) by the haspital 20o. ACCIDENT WAS UNDERLYING be detached for State Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Doy, Year factory, street, office bldg, etc.) Hour o.m Not While 196 6 to 12 21. I certify that (1) (this haspital) attended the deceased from director, page 3 shauld should be filed with the be retained 25 19 (66, and that death accurred at 11:25 M, fram causes and an the date stated above saw the deceased alive an DATE SIGNED 22g. SIGNATURE STAFF DIRECTOR PHYS M.D 22d. ADDRESS. TO HOSPITAL Page 4 may b 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION 23b. DATE THEREOF 23d LOCATION (County) (State) REMOVAL (Specify) en Gardens 24. FUNERAL DIRECTOR 140414 VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17257 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). P COUNTY to COLNTY PM3. Page 0 40 death, MARYLAND and 3 Department b CITY OR TOWN (It outside comprote limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (if autside carparate imits, write RURAL and give negrest tawn) write RURAL and give negrest tawn offer HOSP TAL OR INSTITUTION (finot in hospito, give street address) S RESIDENCE ON A FARM? Office olong with form hours in Item 18. Give Poges 1, ate YES NO Se This certificate should be executed within 24 hours after death 3. NAME OF Middle DATE Month with the Stowithin 72 Frst Lost DECEASED OF MUN (Type or print) DEATH S SEX 6 COLOR OR RACE AGE MARRIED NEVER MARRIED Months Dovs Hours WIDOWED event 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT (State or foreign country during most of workingshire even if refired) INDUSTRY In any pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME and ⊑ WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMAN (Yes, no, or unknown) (If yes give wor or dates of service) permit removal. pending" NTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c), buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY cremotion, or IMMEDIATE CAUSE (o) e certificate wring the word should be farworded to the Ch DUE TO Canditians, if ony, which gove (b) rise to immediate cause (a). DUE TO stoting the underlying couse 0 8 lost. buriol, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION please execute the certificate Health or its designated agent, prior to 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port | or Port |) of Item | 18) 3 should PRIMARY & or CONTRIBUTING TO DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) Not While factory street, office bldg, etc While for your FUNERAL DIRECTOR: Poge of work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my opinion the funeral director. death resulted fram-Accident Suicide X Undetermined manner may be retoined 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE necessory, DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) (-Address (Street, city, town, or county) BURIAL CREMATION 23b DATE THEREOF 23d. LOCAT ON 1C by or Town! 230 (County) (Stote) 50 REMOVAL (Specify) 24. FUNERAL DIRECTOR 250 REC'D BY REG STRAR 25b REGISTRAR'S SIGNATURE ADDRESS VR ATSME (5) 6M 1/66



b. CITY OR TOWN (if outside corporaria RURA) and give neeres!	orate fimits, c. LENGTH OF ST/	A MAINT	CE [Where deceased lived, If inst	5
write RURA Hand give neerast t	own) - 44	AV IN 16 CITY OF TOWN	(If autoid a company limits units D	ALTIMORE
d. NAME OF MOSPITAL OR INSTIT	UTION (if not in hospital, give streat add	RS GLEN	(If outside corporate limits, write RI	. IS RESIDEN
ROCK BEER CREE	EK REST HOM	E Last	4 DATE Month	ON A FAR YES NO
(Typa or print) Law		Smith	DEATH DECEME	
FEMALE WHI	R RACE 7. MARRIED NEVER MARRIE	16, 18 YULY 16, 18	76 90 yrs.	UNDER 1 YEAR IF UNDER 24 HI
Housewife	d of work	Mar	yland	USA
FATHER'S NAME	Cursey	14, MOTHER'S MAIDEN	Unknow	n
es, no, or unkown) (Ifyas giva war or	MED FORCES? 16. SOCIAL SECURITY N dates of service) 215-48-8640		perts, Glen Arm,	Md,
Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO (b) ARTERIO SCL DUE TO (c)	EROTIC GARDI	o VASULAR DISE	OVER 10 YES
PART II. OTHER SIGNIFICANT DIVERTIC 20% ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL FX.)	HG 206. DESCRIBE HOW INJURY	OCCURRED. (Enter nature of injury i		IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO
20c. TIME OF INJURY Month, Hour a.m. p.m.	Day, Year 20d INJURY OCCURRED While Not While st work at work	20e. PLACE OF INJURY (Home, fare factory, street, office bldg., atc	m, 20f. (City or town)	(County) (Stete)
saw the deceased alive or	hospital) attended the decease	od from JAN 13		
226. SIGNATURE Phylips 7d 22c. Physicianys NAME (Type) P4444	eunge	M.D PHYS. 22d. ADDRESS	MED. STAFF PHYS.	Dec 14,1960
1 171-11	TATILEDITA	EMETERY OR CREMATORY		or county) (State)
BURIAL, CREMATION, 23b. DARMONAL (Speedby) 12/1		d Cemetery	Baltimor	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17259CERTIFICATE OF DEATH 18060 be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission). o. COUNTY o STATE **b** COUNTY Harford MARYLAND Marvland b CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town)
Aberdeen Proving Ground c. LENGTH OF STAY IN 1h c CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) 2 Days Elkton d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS Kirk Army Hospital Sycamore Road YES NO DOK Middle 4 DATE 3 NAME OF First Last Manth Year please remave carban Day DECEASED OF Leatha Suiter 19 66 Dec. (Type or print) DEATH IF UNDER 24 HRS. S. SEX 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months WIDOWED TY DIVORCED 19 Nov. 1894 Female Cau 10a USUAL OCCUPAT ON (Give kind of work done 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired)

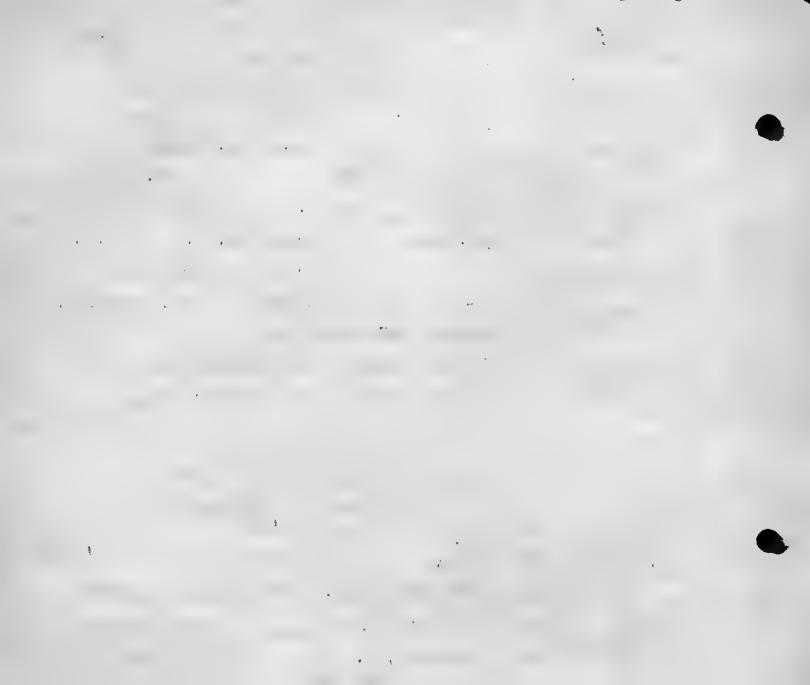
Housewife INDUSTRY COUNTRY? the attending physician sit permit. Then please Carthage, Missouri n/a USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ade Knicht Erancis Punken IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT requires that the death (Yes, no, or unknown) (If yes give war or dates of service) 521-10-0995 Roy N. Suiter (Son) (same as above No IB CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN burial-transit ONSET AND DEATH Cardiac Arrythmia IMMEDIATE CAUSE (a)_ signed by DUE TO Conditions, if any, which gave ho Hrs Hemorrhage due to Epistaxis rise to immediate couse (o), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been detached far use as the e Dept. of Health priar to 19 WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES TY NO [Page 4 may be retained by the haspital ar 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, affice blda., etc.) Nat While at work at wark 12/17_, 19_66, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram_ , 19<u>.66</u> , ta__ 1966, and that death accurred at 320 M, fram causes and an the date stated above saw the deceased alive an_ 22b. DATE SIGNED 220. SIGNATURE ATTENDING PHYS 12/17/66 M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIANS NAME (Type) THOMAS FRAHER. Kirk Army Hospital, APG, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 230 BUR-AL CREMATION TREMOVAL (Specify) Clarksville. Appenmond Cemet irm Tenn. 25b. REGISTRAR'S SIGNATURE 25a REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, L. MARYLAND CERTIFICATE OF DEATH uneral an 2 death death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It Institution: Residence before admission) a. COUNTY b. COUNTY after ges 1 after Harford Maryland Harford MARYLAND by the CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Aberdeen Aberdeen d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled 6. IS RÉSIDENCE ON A FARM? d. STREET ADDRESS within S. Rogers Street Rogers NO X ter Ve-carbon 3. NAME OF First Middle Last DATE Month Day Year DECEASED · au event, BERTHA compl (Type or print) IVINS TARRING DEATH December 1966 executed 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) | Months | Гешо Days Hours and 1883 White Female WIDOWED DIVORCED 8 3 10a. USUAL OCCUPATION (Give kind of work done) _= physician n please r 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11, BIRT HPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) COUNTRY? Housewife Harford U.S.A. Home County. Md. 13. FATHER'S NAME гетоva! 14. MOTHER'S MAIDEN NAME ing pt Then George H. Katherine Carr 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit, 0 cremation, Husband None C & D Same 9.3 the 18. CAUSE OF CEATH (Enter only one cause per line for (a) (a), and (e). INTERVAL GETWEEN The law requires that the burial-transif ONSET-AND I. DEATH WAS CAUSED BY: attending physician, signed IMMEDIATE CAUSE (a) DUE TO Conditions. If any, which (b) peen gave rise to immediate 2 the DUE TO (a), stating the underlying cause last. ass (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health p PERFORMED? certificate the hospital or YES NO X PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) this cert detached OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. While Not While After ATTENDING p.m. 19 at work at work ъ 13-21. I certify that AU attended the deceased from DIRECTOR: age 3 should led with the saw the decease and that death occurred att. Add the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED **08** page ATTENDING MED. DIRECTOR HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Rodman 8 Peter Street. Law Aberdeen. Md. BURIAL, CREMATION. 23b. DATE THEREOF 23a. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Buria. Harford Memorial Md. Gardens Aberdeen. RALDIRECTOR REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE **PPREral** Home 25a. 1200 VR ALS (4) Aberdeen 1/65



V I L	17261 CERTIFICA	TE OF DEATH 17252
1	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence beta
	Harford MARYLAND	Maryland Harford
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporele limits, write RURAL and give nearest
	Street 22 yrs.	Street
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS BOYD. ROAD
	Boyd Road	Bond Street Maryland YES
3	NAME OF First Middle DECEASED	Lest 4. DATE Month Day
	(Type or print) Martin Luther	Thomas Dec. 14.
1		B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UN
		March 12, 1882 S4 yrs. Months Days Hou
1	B. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (County & State, or fore on country) 12. CITIZEN OF WH
	Farmer Gen. Farmer	Jarrettsville, Md. U. S.
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John Daniel THomas	Sarah Margaret Spee Spies
	WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
10	No (Ifyes givawer or detes of service)	Annie E. Thomas Boyd Rd. Street, Md
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),	INTERVA
	PART I. DEATH WAS CAUSED BY, CALL OF THE TOTAL OF THE TOT	onset a
-1	IMMEDIATE CAUSE (6)	
	Conditions, if any, which the Hespey one	and artervaloutie 14
	pava rise to immediata cause	
	(a), stelling the underlying DUE TO	asula disease
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. W
	PART II. OTRIK SIGNIFICANT CONDITIONS CONTINUED TO	YES [
	208 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCUR!	ED. (Enter nature of injury in Part , or Pert II of item 18)
Control of the contro	OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	
1		LACE OF INJURY (Home, ferm, 20f. (City or town) (County)
- 1:	Hour e.m. While Not While fe	polory, street, office bidg , etc)
	10 el work et work	
	p.m. 17	old her to with all all when
	21. I certify that (1) (this hospital) attended the deceased from	
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	al death occurred at AM, from the causes and on the date sta
	21. I certify that (I) (this hospital) attended the deceased from	at death occurred at M, from the causes and on the date sta
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	ATTENDING MED. OF STAFF
1	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR
1	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	ATTENDING MED. DIRECTOR PHYS. DIRECTOR PHYS. 22d ADRESS Y OR CREMATORY ATTENDING MED. STAFF PHYS. DIRECTOR PH
1	21. I certify that (I) (this hospial) attended the deceased from saw the deceased alive on	ATTENDING MED. ATTENDING PHYS. DIRECTOR PHYS. 22d ADDRESS Y OR CREMATORY 23d, LOCATION (City, town or county)



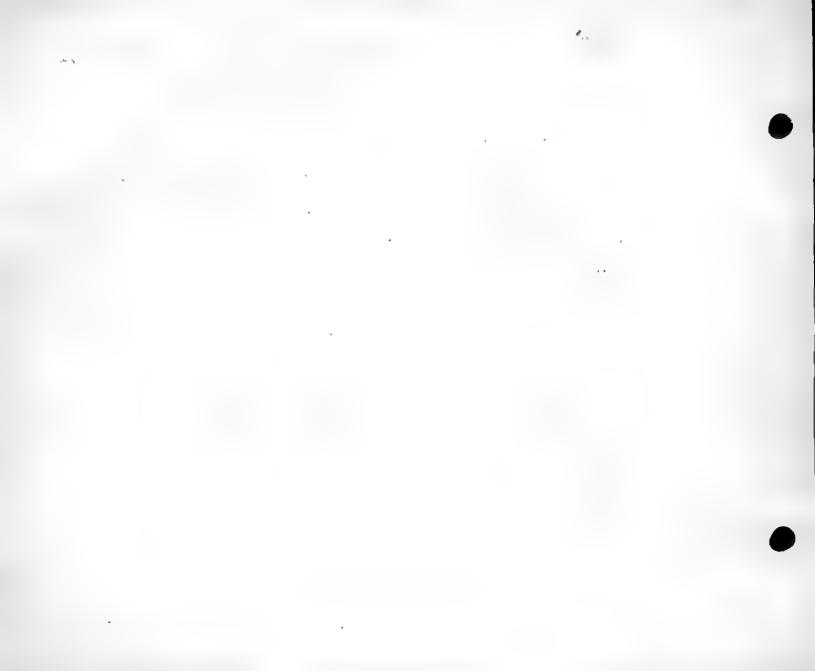
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) a. COUNTY b. COUNTY Maryland Harford Pages 1 Irs after Harford MARYLAND CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) oon papers. Pag within 72 hours hours Bel Air 11 years Bel Air .≘ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled 8. IS RESIDENCE ON A FARM? d. STREET ADDRESS 425 Barnes Street 425 Barnes Street ND A within completely carbon 3. NAME DE First Middle Last DATE Month Year Day DECEASED 19 66 (Type or print) Nancy Jean Tyler DEATH December 5. SEX any eve 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. DATE OF BIRTH 7. MARRIED T NEVER MARRIED and White Female August 13, 1931 WIDOWED [DIVORCED [attenling physician a ermit. Then please con, or removat, and the 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 10b, KIND OF BUSINESS OR 12. CITIZEN DF WHAT þe INDUSTRY Harford Co., Maryland U.S.A. Teacher Public Swhoel death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mabel Amrein Edmind R. Scarborough 17. INFORMANT (Husband)838-20 Hiress 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give war or dates of service)] 16. SOCIAL SECURITY NO. as been signed by the atten as the burial-transit permit. prior to burial, cremation, or Thomas A. Tylor Air. Md. 21014 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) or attending physician. DHE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate has WAS AUTOPSY for use Health PERFORMED? NO 🖅 YES PHYSICIAN: T the hospital (2Da. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) After this certif d be detached for e State Dept. of H 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While retained by 19 at work at work DIRICTOR: A age 3 should lied with the S U 21. I certify that (I) (this hospital) attended the deceased from 19.62. that (1) (we) last Gand that death occurred at 11 P. M. from the causes and on the date stated above. saw the deceased alive on ! 22a. SIGNATURE 22b. DATE SIGNED **SPITAL OR 1** 4 may be r page MED. STAFF PHYS. Dec .15, 1966 Page 4 may FUNERAL PHYSICIAN'S 22d. ADDRESS director, p should be 1 NAME (Type) Gerald C. Palmer. M.D. S. Main St., Bel Air, Md. 21014 23b. DATE THEREOF BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Bel Air, Harf. Co., Md.21014 Bel Air Memorial Gardens Dec.17.1966 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR W. Broadway Williams walls Bel Air, Maryland 21014 VR A15 (4) 2DM 1/65 Joseph William Foster

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T	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, finish furtion. Residence by	refore admission)
99	d COUNTY Harford MARYLAND O. STATE Maryland O. STATE Maryland O. STATE Maryland	
	b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 C CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town)	arest tawn)
H	Havre de Grace Bradshaw	0 1
	d NAME OF HOSPITA. OR INSTITUTION (finot in bosp to give street address) DOA - Harford Memorial Hospital	e 15 RESIDENCE ON A FARM? YES NO X
3	NAME OF First Middle Last 4 DATE Manth	Day Year
_	(Type or print) HERMAN HENRY VENZKE DEATH December 1	14 19 66
5	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (n years FUNDER) YEA	
10	THATE WILLS WIDOWED DIVOKCED DIVORDANI DIVO	
dr.	a SUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) Security Guard 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN COUNTR	I OF WHAT RY? SA
13	FATHER'S NAME 14 MOTHER'S MAIDEN NAME	722
	Louis Venzke Louise Cage	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address es, no. ar unknown) [(If yes give wor or dates of service)	
	Yes WWI 220-20-7994 Mrs. Huma Venzke, Bradshaw, Maryla	ind
	PART I. DEATH WAS CAUSED BY. Coronary Occlusion Coronary Occlusion	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave)	
	rise to immediate cause (a). Stoting the underlying cause DUE TO	
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ATION		9 WAS AUTOPSY PERFORMED? YES NO K
MEDICAL CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item IB.)	
MEDICAL	20c T-ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 4 Year O.m. 19 While at work 19 of work 19	(State)
		and in my opinion
	death resulted fram: Natural causes & Accident, Suicide, Hamicide, Undetermined monner	
	ACTUAL MORALES PROPOSALO CHIEF MED CAL EXAMINER [22. DATE SIGNED
	SIGNATURE M.D ASSISTANT MED CAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	ec. 15,1966
,	RAMMINER'S NAME (Type) Gerald C. Palmer, M.D. Bel Air, Md. Address (Steet, city, tawn, or county)	200 2092/00
23	2. BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23g LOCATION (City of Town) (Color	nty) (Stote)
	990 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E	
- 71	BUTIAT Dec. 17, 1966 Trinity Lutheran Comptet By REGISTRAR 356 REGISTRAR 316 ADDRESS OWARD K. McComas & Son, Abingdon, Md. 21009 DATE DEC 19 1966	ord Co.Nd

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17264 deoth. The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission. a. STATE b COUNTY burial, cremation, or removal, and in any event, within 72 hours after MARYLAND CITY OR TOWN (If outside carporote limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give negrest filled in I papers. LUTION (If not in haspital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? NO X YES remove carbon NAME OF 4. DATE Day Year completely DECEASED OF DEATH (Type or print) AGE (In years 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH birthday) Months Days Raurs WIDOWED DIVORCED 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT **COUNTRY?** HOME 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAMI IS WAS DECEASED EVER IN U.S. ARMED FORCES? 36. SOCIAL SECURITY NO. INFORMAN' (Yes, na or inknown) (If yes give war or dates of service) CAUSE OF DEATH (Enter only one couse per time for (o), (b) (and (c) INTERVAL BETWEEN burnal-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE TO O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or ottending physicion. **DUE TO** Conditions, if any, which gave rise to immediate cause (a). **DUE TO** stoting the underlying couse this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. af Heolth prior to WAS AUTOPS PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CFRTHFICATION NO YES 🔲 PHYSICIAN: 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) factory, street, office blda_etc.) Haur o.m D.M. ot wark. O FUNERAL DIRECTOR: After 19 4 (1) (we) las 21. I certify that (I) (this haspital) attended the deceased fram 66, and that death occurred at from causes and on the date stated above saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS DIRECTOR 22d. ADDRES ZZC. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City of Town 23a_ BURIAL, CREMATION, (County) 23b DATE THEREOF REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17265 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Reside temptate admission funeral PLACE OF DEATH a COUNTY MARYLAND HARFOR I in by the Pages b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURA), and give nearest town) write RURAL and give nearest town) regions, carban papers. Pag obay event, within 72 hours d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? filled YES NO TO NAME OF First Middle DATE Last Month Day Year completely DECEASED (Type or print) 175/1 DEATH HARD AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH ghout: last birthday) Months Days Haurs WIDOWED DIVORCED and 100 USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 32, CITIZEN OF WHAT and in 11. BIRTHPLACE (County & State, or foreign country) attending physician operate during most of working ite, even if retired) COUNTRY? 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME prior ta burial, crematian, ar remaval, IS. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address (Yes, no, or unknown) ((If yes give wor or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) signed by the burial-transit p PART 1 DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (c) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUF TO Canditians, if any, which gave (b) rise to immediate couse (a). DUF TO stating the underlying couse has been use as the PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY PERFORMED? director, page 3 shauld be detached for use shauld be filed witll the State Dept. af Health NO X Ulcer TO FUNERAL DIRECTOR: After this certificate YES [OR ATTENDING PHYSICIAN: DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING III CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) MED Hour o.m. Not While factory, street, affice bldg., etc.) at wark 21. I certify that (I) (this hospital) attended the deceased from, 8/27 , 1966, to 12114, 1966, that (I) (we) las saw the deceased olive on. 19 66, and that death occurred at 4:20 P.M. from causes and an the date stated above 22a SIGNATURE 22b. DATE SIGNED 12/14/66 DIRECTOR PHYS. M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) reprofe 569 Revolution St. Havrede Grace, Maryland. ansbury 23d LOCATION (City or Town) 230 BURIAL, CREMATION REMOVAL (Specify) 23b DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY (State) ADDRESS 24 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE DEC



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17266 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY 3 to Poge 10 death. Harford MARYLANO Maryland Harford b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) , 2, u. P.M3. P write RURAL and give negrest tawn) after (Rural) years Bel Air Bel Air d. STREET ADDRESS (RED +3, Box +331) d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? haurs (Give Poges 1, Emmorton Road Wheel Road NO X YES 3. NAME OF Middle First Last 4. DATE Month Day Year DECEASED WHEATS STANLEY 16 66 (Type or print) GARRET DEATH December 19 ent within Z N B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIEO NEVER MARRIED Months last birthdov) Dovs Haurs in Item 18. March 10,1902 Male White WIDOWED DIVORCED 24 hours 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during mast of warking life, even if retired) COUNTRYS Civil Service Baltimore Co., Md. ward "panding" in pencil in the Chief Medicol Examiner's dny poges in any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Mason John E. Wheat pup 17. INFORMANT (W110)838-4426 Address RFD#3, Box 331 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. be executed (Yes, no, or unknown) (If yes give war or dates of service) remova! 214-14-8690 Mrs. Elsie M. Wheat 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: Multiple Traumatic Injuries. 0 IMMEDIATE CAUSE (a) certificate should crematian, DUE TO Conditions, if any, which gave rise to immediate couse (a). DUF TO 0 stoting the underlying couse used as burial, c 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) YES X NO 0 be 4 should be 20a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) prior 3 should Driver of auto which ran off roadway MESTAL EXAMINER: CAUSE OF DEATH. ogent, | 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.)
Street Not While may be retained for your FUNERAL DIRECTOR: Poge 12/16 19 66 of work X Bel Air Harford of work Md. designated 21. I certify that I took charge of the remains described above, held on Autopsy 12. Inspection [Inquiry . ond in my opinion Notural couses funerol director. deoth resulted from: Accident X. Suicide | Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED 1 clb ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 12/18/66 0 DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty Health . NAME (Type) Address (Street, city, tawn, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) 0 PEMOVAL (Specify) Dec.20,1966 Mt.Carmel Meth. Ch. Cem. Emmorton, Harf. Co., Md. 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR W. Broadway & Williams 250. REC'D BY REGISTRAR udge. Charles VR A 15ME (5) DEC 21 1966 Bel Air, Maryland 21014 6M 1/66

Joseph William Roston

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH 12 mg funera and death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages 1 Harford b. COUNTY after Maryland Harford MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag nh 72 hours hours Aberdeen Rural Rural Aberdeen d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ACCRESS e. IS RESIDENCE ON A FARM? Route Box Route #3 NO X Within. etely within NAME OF First Middle Last DATE Month Day Year DECEASED WRIGHT 0F MABEL G. évent, 19 66 comple DEATH 21 (Type or print) December executed 6. COLOR OR RACE 7. MARRIEO remove AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS SEX OATE OF BIRTH NEVER MARRIEO last birthday) Months Days Hours 1898 April Female Cau. WICOWED DIVORCEO [,5 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician in please r certificate be INOUSTRY COUNTRY? Grayson Co. Virginia Home Housewife S 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME attending phermit. Then remova Henry Graybeal Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attenctransit permit, cremation, or r 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) death Aberdeen. Wright Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] law requires that the ONSET AND DEATH signed by ial-transi PART I. OEATH WAS CAUSED BY attending physician. NTARCTION IMMEDIATE CAUSE (a **OUE TO** BRIBNSION Conditions, if any, which (b) gave rise to immediate **OUE TO** cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY r this certificate h detached for use te Dept, of Health for use Health use PERFORMED? YES NO B 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part) or Part II of Item 18.) TIME OF INJURY Month, Oay, Year 20d, INJURY OCCURRED 120e, PLACE OF INJURY/Home, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While ATTENDING at work at work 0 the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should ited with the M, from the causes and on the date stated above. saw the deceased alive on. 19 66, and that death occurred at 22b. OATE SIGNEO 22a. SIGNATURE filed ATTENOING PHYS. DIRECTOR PHYS. M.O. may HOSPITAL 22c. PHYSICIAN'S 22d. **ADORESS** FUNERAL director, should be Pe Air Be] Aberdeen. Santiago Md. Levte-Vida NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. OATE THEREOF 23d. REMOVAL (Specify) 2 Burial Paul Lutheran Aberdeen. 66 St Maryland 25a. REC'O BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25b. Aberdeen Home, VR A15 (4) Funera 20M 1/65

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